International Confederation of Midwives

Strengthening Midwifery Globally

32nd ICM Virtual Triennial Congress

The largest virtual gathering for midwives ever!

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JUNE 2021

Abstract book

Wednesday,
2 June

Wednesday, 2 June,
04:00 PDT

Room 1 (INTERPRETATION)

PLENARY SESSION: OPENING CEREMONY

Opening Ceremony

Franka Cadée (Netherlands)
Natalia Kanem
Tedros Adhanom Ghebreyesus
Christy Turlington Burns
Jennie Joseph (USA)
Janet Mbugua (Kenya)
Angela Nguku (Kenya)

The 32nd ICM Virtual Triennial Congress will kick off with the Opening Ceremony starting at 13.00 CET (see the time convertor to find out when in your respective time zone) on Wednesday June 2, 2021.

Make sure you do not miss the first minutes of our virtual congress and mark your calendars. We hope to welcome as many of you as possible to continue with the tradition we set during our face to face congresses. Our opening will include:

- Your reasons Why midwives matter in a special video compilation
- Welcome words from our ICM president Franka Cadeé, UNFPA Executive Director Dr. Natalia Kanem and Dr. Tedros Adhanom Ghebreyesus Director General of WHO.
- We will also hear from some well-known speakers during two fireside chats.

We are looking forward to see you, and maybe, who knows, even having a little virtual dance with you at the very end.

Wednesday, 2 June,
05:30 PDT

Room 1 (INTERPRETATION)

PLENARY SESSION: THE STATE OF THE WORLD'S MIDWIFERY 2021 (SOWMY)

The State of the World's Midwifery 2021 (SoWMy)

Andrea Nove (United Kingdom)
Frances McConville (Switzerland)
Petra ten Hoope Bender (Switzerland)
Hilma Shikwambi (Namibia)
Kate Somers (USA)
Sally Pairman (Netherlands)

Session sponsored by UNFPA.

PANEL DISCUSSION

Improving Sexual, reproductive, maternal, newborn and adolescent health (SRMNAH) is essential to achieving Sustainable Development Goal 3, 'Good Health and Well-being', especially targets 3.1 and 3.1 that seek to reduce ratios of global maternal and neonatal mortality and to end preventable deaths. For a long time at ICM, we have been saying that fully qualified midwives who meet ICM's standards are the solution to achieving a substantial reduction in maternal and neonatal mortality and stillbirths. However, to realise this potential, midwives need to be well educated, demonstrate ICM's essential competencies, be registered and licensed, be part of a multi-disciplinary health professional team of sufficient size and skill, and work in an enabling environment.

SoWMy 2021, launched on International Day of the Midwife, 5th May 2021, provides further evidence for this claim and strengthens the case for investment in midwives. SoWMy 2021 provides an updated evidence base and detailed analysis of the current progress and future challenges to deliver effective coverage and quality of midwives and midwifery services.

This plenary session will convene leaders from WHO, UNFPA, ICM and partner organisations to explore and publicise key findings within the report and of particular interest to midwives. Guided by a series of questions the panel will discuss new findings, why investment in midwives is still required to strengthen midwifery and how midwives and Member Associations can use the report as an advocacy tool in their countries.

Wednesday, 2 June, 07:00 PDT
Parallel sessions 1

Room 1 (INTERPRETATION)

PARTNER FUNDED SESSION: WHO-UNFPA-UNICEF-ICM FRAMEWORK FOR ACTION 2030 – STRENGTHENING QUALITY MIDWIFERY EDUCATION FOR UHC

WHO-UNFPA-UNICEF-ICM Framework for Action 2030 – Strengthening Quality Midwifery Education for UHC

Frances McConville (Switzerland), Anshu Banerjee (Switzerland), Elizabeth Iro (Switzerland), Sarah Bar-Zeev (USA), Sally Pairman (Netherlands), Pragati Sharma (India), Frida Berg (Sierra Leone), Harriet Chimwemwe Chanza (Malawi), Amanda Stein (Malawi), Billie Hunter (United Kingdom), Angela Nguku (Kenya), Zeshi Fisher (Switzerland), Ram Chahar (India), Lorena Binfa (Chile), Tedbabe Hailegebriel (USA), Patricia Titulaer (Netherlands), Jemima Dennis-Antwi (Ghana), Mary Renfrew (United Kingdom)

In 2019 WHO, UNFPA-UNICEF and ICM came together with multiple stakeholders to develop the Framework for Action Strengthening Quality Midwifery Education for UHC 2030.

Join this exciting session to find out what midwives are doing to strengthen quality midwifery education for UHC across the world, and what new guidance and tools exist to help you. Have YOUR voice heard on this important topic!

Learn how can we strengthen midwifery education to ensure quality care for all. Find out what is being done to ensure a positive experience of care and that human rights are met. The evidence is clear, but let's discuss why there is a startling lack of investment in education, and how we can change this to support educators to have the necessary competencies. Contribute your views to what leadership responsibilities we can take as midwives to ensure UHC by 2030 through strengthening midwifery education, and how to plan, budget, monitor, evaluate, what we do.

In this interactive session you will have the opportunity to:

- Learn about the global consensus for midwifery education
- Find out what the 7-step Action Plan is and how you can actively take part

We will share the 7 Step Action Plan, and educational tools used, in countries to:

1. Strengthen leadership and update policy
2. Gather data and evidence
3. Build public engagement and advocacy
4. Prepare educational institutions, practice settings and clinical mentors
5. Strengthen faculty, standards, curricula
6. Educate!
7. Monitor, evaluate, review

This session will bring together WHO, UNFPA, UNICEF and ICM, along with the voices of outstanding leaders, young midwives, and researchers.

Let's move forward together to ensure the best quality of care from midwives who are educated and trained to international standards and who are the key to building equitable and rights-based societies.

ICMBALI-1001 - Few women receive a specific explanation of a stillbirth – an online survey of women's perceptions and thoughts about the cause of their baby's death

B. Höglund[1]

1 *Women's and Children's Health, Women's and Children's Health, Uppsala, Sweden*

BACKGROUND

In Sweden, three to four out of every 1,000 pregnancies end in stillbirth each year.

OBJECTIVES

To investigate whether mothers to stillborn babies perceived that they had received an explanation of the deaths and whether they believed that healthcare professionals were responsible for the death of the baby.

METHODS

An online survey of 356 women in Sweden who had experienced a stillbirth from January 2010 to April 2014. A mixed-methods approach with qualitative content analysis was used.

RESULTS

Nearly half of the women (48.6 %) reported that they had not received any explanation as to why their babies had died. Of the women who reported that they had received an explanation, 84 (23.6 %) had a specific explanation, and 99 (27.8 %) had a vague explanation. In total, 73 (30.0 %) of the 243 women who answered the question "Do you believe that healthcare personnel were responsible for the stillbirth?" stated Yes. The women reported that the healthcare staff had not acknowledged their intuition that the pregnancy was proceeding poorly. Furthermore, they perceived that the staff met them with nonchalance and arrogance. Additionally, the midwife had ignored or normalised the symptoms that could indicate that their pregnancy was proceeding poorly. Some women added that neglect and avoidance among the healthcare staff could have led to a lack of monitoring, which could have been crucial for the outcome of the pregnancy.

CONCLUSIONS

Half of the women surveyed reported that they had not received an explanation of their baby's death, and more than one-fourth held healthcare professionals responsible for the death.

KEY MESSAGE

explanations, fetal movements, care, perceptions, stillbirth

Room 2

CONCURRENT SESSION: NEWBORN AT RISK

ORAL PRESENTATION

ICMBALI-0888 - A care bundle to prevent stillbirths in high-burden, low-resource settings: the role of midwives in improving quality of maternal healthcare

C. Homer[1], *J. Vogel*[1], *A. Wilson*[1]

1 *Burnet Institute, International Development Discipline, Melbourne, Australia*

PURPOSE

To explore the role of midwives in preventing stillbirths in high-burden, low-resource settings, through identification and testing of a stillbirth prevention care bundle.

DISCUSSION

We have developed a Stillbirth Prevention Consortium in Papua New Guinea and the Solomon Islands that is undertaking a program of research to address preventable stillbirth. Focus groups and interviews with key stakeholders and clinicians was undertaken to determine the feasibility of a care bundle to reduce stillbirth in these high burden countries. Care bundles for stillbirth prevention have proven effective in preventing stillbirths in high-income countries, however the use of these bundles in LMICs is unknown. We will present the components of a stillbirth prevention bundle based on WHO recommended interventions that has been developed for high-burden, low-resource settings in the Pacific region. The feasibility and applicability of the bundle from the perspective of midwives will also be presented.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Midwives are critical to delivering effective and sustainable stillbirth prevention strategies in LMICs. Our findings will be relevant to all midwives working in LMICs where similar challenges and gaps exist in providing quality health care.

EVIDENCE IF RELEVANT

Good-quality care during pregnancy and childbirth saves lives. Worldwide, it is estimated that improvements in the quality of maternal healthcare could prevent up to 531,000 stillbirths each year. Low- and middle-income countries (LMICs) suffer disproportionately from high rates of stillbirth. Approximately 98 % of stillbirths occur in LMICs, 50 % during labour and birth, and the majority are preventable. Midwives are uniquely positioned to deliver quality intrapartum care and universal access to midwifery care has been shown to reduce stillbirths. Despite this, midwives in LMICs face considerable challenges in providing good-quality care during pregnancy and childbirth. Innovative and effective ways to prevent stillbirths are required.

KEY MESSAGE

A stillbirth prevention bundle based on WHO recommended interventions may support midwives working in LMICs to prevent stillbirths.

Room 2

CONCURRENT SESSION: NEWBORN AT RISK

ORAL PRESENTATION

ICMBALI-1207 - Midwives taking a leading role in reducing still births through an effective maternal and neonatal referral system in Chienge district of Luapula province

H. Malombo[1], *C. Kabwe*[2], *C. Mbewe*[2]

1 *Ministry of Health Zambia, Nursing- Luapula Provincial Health Office, Mansa, Zambia*

2 *Ministry of Health, District Health Office, Nchelenge, Zambia*

BACKGROUND

Zambia's Ministry of Health aims at reducing neonatal mortality rate from 24 per 1000 live births to 5 per 1000 live births by 2021. This is dependent on the need to increase the chances of survival of the neonates. Neonates usually end up as either still births or neonatal deaths due to lack of early identification of complications during pregnancy and labour and prompt referral if the case cannot be managed at a health center.

OBJECTIVES

To reduce still birth rate by 30 % in 12 months through an effective maternal and neonatal referral system.

METHODS

Midwives led the orientation and distribution the 2018 Zambia National Maternal and Neonatal Referral guidelines to staff in all the 13 health facilities, which they modified to suit their district geographical setup, which they call a *TRIANGLE SYSTEM*. It requires that two phone calls are made at each of the three points, from the referring facility to the command centre and the district health office. Time is recorded at each point from when the first call is made, to the time the patient is picked at the referring facility. This is to identify the point of delay in the referral process.

RESULTS

The district's still birth rate reduced from 22.4 and 38.3 for quarter 1 and 2 of 2018 respectively to 8.2 per 1000 live births by the end of quarter 1, 2019. The district hospital's still birth rate also reduced by 53 % from 139.9 per 1000 live births to 74.7 per 1000 live births by the end of quarter 1, 2019.

CONCLUSIONS

An effective referral system of a pregnant woman not only saves her life, but that of her baby too, thereby reducing still birth rates.

KEY MESSAGE

It is imperative that midwives take a leading role in innovations that improve the outcomes of mothers and their unborn children.

Room 4

SYMPOSIUM: BIRTH BY DESIGN 20 YEARS ON – A SOCIOLOGICAL LENS ON MIDWIFERY IN THE YEAR OF THE MIDWIFE

ICMBALI-1773 - Birth by Design 20 years on- a sociological lens on midwifery in the year of the midwife

E. Van Teijlingen[1], J. Sandall[2], I. Bourgeault[3], C. Benoit[4], S. Wrede[5], R. De Vries[6], E. Declercq[7]

1 *Bournemouth University, Centre for Midwifery- Maternal & Reproductive Health, Bournemouth, United Kingdom*
2 *King's College London, Women's Health, London, United Kingdom*
3 *University of Ottawa, Institute of Population Health, Ottawa, Canada*
4 *University of Victoria, Sociology, Victoria, Canada*
5 *University of Helsinki, Centre of Excellence in Research on Ageing & Care, Helsinki, Finland*
6 *Maastricht University, Academie Verloskunde Maastricht, Maastricht, Netherlands*
7 *Boston University, School of Public Health, Boston, USA*

PURPOSE OF THE SYMPOSIUM

Symposium offers a sociological lens on: (1) Caesarean Sections; (2) human resources for health; (3) contribution of midwives to quality care.

This symposium will offer a sociological lens on three interlinked key topics in midwifery globally. Each topic will be introduced by one team member and linked to global midwifery practice. The topics we propose as our hot topics are: (1) midwifery and the global rise in Caesarean Sections; (2) human resources for health linking to the so-called "brain drain" in midwifery from low resource settings; and (3) the contribution of midwives to high quality maternal and newborn care in high, middle and low resource settings. Each hot topic is outlined below.

In 2000 an international team of social scientists with a long-term interest in the organisation of maternity care and midwifery submitted the final manuscript of an edited book on cross-national comparative research. The book *Birth by Design: Pregnancy, Midwifery Care & Midwifery in North America & Europe* 1 was published the following year. The aim of our collaboration has been to decentre the research from specific national contexts and instead to develop concepts and analytical approaches to this field of social-scientific scholarship 2. Our approach – *decentred comparative research* – addresses the often-unacknowledged ethnocentrism of traditional comparative research. Decentred cross-national research is a method that draws on the socially situated and distributed expertise of an international research team to develop key concepts and research questions. We used the decentred method to fashion a multilevel framework that used the meso level of organisation (i.e., health care organisations, professional groups and other concrete organisations) as an analytical starting point in our international study of maternity care in eight countries. Our method departs from traditional comparative health systems research that is most often conducted at the macro level.

This symposium continues to advocate the decentred approach. The presenters will highlight same of the changes in the wider social environments of maternity care and midwifery in 2020 as well as similarities with two decades ago, including a social science perspective on risk as socially constructed.

1ST PRESENTATION

Kirstie Coxon with Edwin van Teijlingen & Jane Sandall

Midwifery and the increasing concerns about Caesarean Sections. With many low-income countries suffering the double burden of both extreme situations namely having too few CS due to the lack of skilled birth attendants and facilities in remote and rural areas, referred to as "too little, too late." At the same time these same low-income countries have very high CS rates in urban areas, especially in private hospitals driven by financial incentives, a phenomenon referred to as "too much, too soon." High CS rates in hospitals across the world are often justified by obstetricians as a means of reducing risks to the baby or the mother, whilst they may fail to point out the CS itself brings its own risks.

2ND PRESENTATION

Edwin van Teijlingen with Jane Sandall & Kirstie Coxon

Human resources for health including the recruitment and retention of midwives in various countries. Human resources for health is linked to the so-called "brain drain" in midwifery (within country as well across borders) and well as the health and well-being of midwives, including midwives' own mental health, leave of absence and return to work. Midwives are often mentioned as the key human resource needed to improve the quality of maternity care in a system that aims to offers universal health coverage.

3RD PRESENTATION

Jane Sandall with Kirstie Coxon & Edwin van Teijlingen

Optimising contribution of midwives to high quality care in high and low resource settings. Since 2000, the evidence base for the contribution of regulated midwives to improvements in maternal and newborn outcomes has increased substantially, e.g. several Cochrane/systematic reviews and *The Lancet* series on Midwifery (2014), but impact on practice and policy has been variable. Many countries lack 100 % midwife coverage across the pregnancy, childbirth and postpartum continuum and the implementation of effective midwifery organisational or practice-based interventions is patchy. We will discuss policy advocacy activities at a global and national level in a range of countries to understand the relative importance of key impact factors. We will draw upon sociological research on professional regulation and practice to provide insights into: evidence strength, relevance to setting, role of social and professional networks, gender, public and professional stakeholder/ interest groups, power and the nature of the problem. Our aim is to improve understanding of 'what works' in the adoption of evidence, policy, frontline practice pathway regarding midwifery scale up of midwifery education and practice as well as insight into professionalisation projects that may be driving developments in midwifery education in some countries.

The symposium will be facilitated by the team who will link the topics for the audience and offer additional translations from sociology to midwifery. The symposium team will link these hot topics to midwifery practice, education or regulation/policy. The audience will be invited participate in an overarching discussion at the end of the presentations with the team acting as a panel. The symposium team has had input from other original multi-disciplinary members of the *Birth by Design* team: Raymond De Vries (USA/the Netherlands), Cecilia M. Benoit (Canada), Eugene Declercq (USA), Sirpa Wrede (Finland) and Ivy Bourgeault (Canada).

REFERENCE

1 DeVries, R., Benoit, C., van Teijlingen, E., Wrede, S. (eds.) (2001) *Birth by Design: Pregnancy, Midwifery Care & Midwifery in North America & Europe*, New York: Routledge. *Birth by Design* was short-listed for the 2004 BSA Medical Sociology Book Prize.

2 Wrede S, Benoit C, Bourgeault I, van Teijlingen E, Sandall J, de Vries R. (2006) Decentered comparative research: context sensitive analysis of maternal health care, *Soc Sci Med* 63(11):2986–97.

Room 5

CONCURRENT SESSION: LEADERSHIP

ORAL PRESENTATION

ICMBALI-1720 - Taking leadership in the provision of quality reproductive health care in low-resource settings

L. Morgan[1]

1 *Laurentian University, Midwifery, Chelmsford- Ontario, Canada*

BACKGROUND

The provision of quality reproductive health care depends not only on the availability and accessibility of care, but also on the acceptability of the care provided. Acceptability requires that the same principles captured in respectful maternity care, are applied to the provision of reproductive health care, in general.

OBJECTIVES

Few research studies focus specifically on women's health in low resource settings and given the ways in which women's voices are often marginalized, the following questions were posed to generate theory grounded in the data about what elements of a woman's reproductive health care experience enable or discourage her to more fully engage in recommended care?

METHODS

This research combined a self-administered survey, followed by personal interviews of a subset of participants. Analysis was guided by the principles of constructed grounded theory.

RESULTS

Women want to be able to communicate with their providers. They are looking for a positive care environment, devoid of judgement and shame, with providers that are able to display empathy and patience, and the opportunity to develop a trusting relationship through continuity of care.

CONCLUSIONS

Women feel a sense of deprivation in relation to: communication with their providers; empathy and patience; access to female providers; continuity of care; and report a less than positive care environment fraught with shame and judgement. Women report feeling deprived of patient-centred care and relational continuity with respect to their reproductive health care. Women feel that midwives excel at providing quality care and increased access to their care is desired.

KEY MESSAGE

We need to create the care that women want, respecting all of our rights to well-being. This may require a "Reproductive Health Care Revolution". I will conclude by examining ways that we can all advocate for person-centred care and relational care which requires fighting for women's voices to be heard.

Room 5

CONCURRENT SESSION: LEADERSHIP

ORAL PRESENTATION

ICMBALI-1454 - Investing in the future: supporting midwifery students

A. Sheehan[1], S. Coulton[2], K. Sorensen[3], V. Schmied[2], F. Arundell[2]

1 *Western Sydney University, School of Nursing and Midwifery, Penrith- NSW, Australia*
2 *Western Sydney University, School of Nursing and Midwifery, Parramatta, Australia*
3 *SWSLHD, Women's Health- Paediatrics & Neonatology, Liverpool, Australia*

BACKGROUND

The clinical placement experiences of midwifery students in Australia and internationally demonstrate, that while some placements offer optimal learning experiences supported by experienced and compassionate midwives, other placements are stressful and unsupportive, offering limited learning opportunities (Green & Jackson, 2014; Arundell, et al 2017). There is little research into mentoring in midwifery. Studies assessing mentor programs for nursing, have found the support of the mentor to be beneficial to a student's sense of belonging, and learning (McKenna et al., 2013; Myall, Levett-Jones & Lathlean, 2008).

OBJECTIVES

This presentation will present findings from a study exploring the experiences of both midwifery students and mentors who participated in an innovative mentoring program in one local health district in NSW, Australia. For the purpose of this study, a mentor was defined as 'an experienced professional who provides guidance, support, counselling, and advice to the student midwife through a "professional friendship" relationship'.

METHODS

Questionnaires and focus groups were used to collect data from the mentors, midwifery students and other stakeholders in 2018/2019. Ethical approval was given for the conduct of this study.

RESULTS

There is a sense of altruism amongst the mentors for supporting students and creating a positive student culture. The importance of and steps involved in developing relationship with the mentees as well as barriers and facilitators to the mentor role including support needs and time pressures have been identified. Students report experiencing increased confidence and support.

CONCLUSIONS

Our findings correlate with other research on mentoring and demonstrates that a midwife-midwifery student mentorship program can make a positive difference to the experiences of students and mentees but it needs to be well-designed and supported.

KEY MESSAGE

Mentoring programs for undergraduate midwifery students have positive outcomes for midwife mentors and mentees but the mentoring role needs to be supported.

Room 5

CONCURRENT SESSION: LEADERSHIP

ORAL PRESENTATION

ICMBALI-0303 - Midwives: survive, thrive and transform

R. Trotter[1], *L. Choucri*[2], *M. Kathy*[3]

1 *The Royal College of Midwives, London, United Kingdom*
2 *Salford University, School of Health & Society, Salford, United Kingdom*
3 *Central Manchester Foundation Trust, Head of nursing and midwifery, Manchester, United Kingdom*

PURPOSE

The enormity of keeping pregnant women and babies safe can be stressful for midwives. The Health and Safety Executive (HSE) cites workplace stress as a common cause of absence from work in the UK. Repeated exposure to stressors such as poor maternal or neonatal outcomes can cause stress which may erode resilience which can lead to poor physical and mental health. As a labour ward lead midwife. I was repeatedly exposed to traumatic events which led to physical and mental ill health. Recognising the impact on myself, I therefore realised that this could also impact my colleagues. I recognised the need for prevention and support for midwives. Evidence suggests that my experience isn't unique. Using evidence and my own personal experience a study day for newly qualified midwives (NQMs) was co-designed, the aim was to offer tools and tips and coping strategies for newly qualified midwives to self-care, this learning is now also embedded in the undergraduate curriculum.

DISCUSSION

Resilience in NQMs is a concern (Hunter and Warren 2014), some find the maternity environment uncaring without appropriate support (Jones et al, 2015). The UK WHELM study (2018) finds that midwives report burnout (Yoshida and Sandall 2013) and compassion fatigue (Figley 1995). Our study day was an intervention for midwives beginning their careers to know and use strategies to self-care.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

The study day is an annual event and offers restorative practices for support of NQMs.

KEY MESSAGE

A simple intervention which supports midwives to maintain their resilience. Evidence from the local hospital suggests that sickness rates are reducing which is beneficial to midwives as well as maintaining safety for women and babies.

Room 6

CONCURRENT SESSION: MIDWIVES ADVISING, PRESCRIBING

ORAL PRESENTATION

ICMBALI-0664 - The realities of prescribing within New Zealand midwifery practice

S. Calvert[1], *C. Mallon*[1]

1 *Midwifery Council, Midwifery Regulation, Wellington, New Zealand*

PURPOSE

The purpose of this presentation is to explore prescribing as part of midwifery practice.

DISCUSSION

All New Zealand-educated midwives are able to prescribe at the point of registration. This has been the reality since 1990. Midwives are referred to as designated prescribers. This means they can prescribe all medicines that are deemed to be within the midwifery scope of practice for women and their babies.

While there is no "list" of prescription medicines that midwives can prescribe, regulatory statements and professional association practice guidance informs prescribing practices that are deemed to be within the scope. This includes an understanding that midwives do not prescribe for underlying conditions for example Ventolin for women with asthma, or for their partners. What has evolved over time is practice-led and appears to meets the needs of women and their babies

The presentation will commence with a brief discussion around the history of prescribing within the New Zealand context and will focus on classes of medicines that are being prescribed by midwives today to see if they are in alignment with the practice guidance. It will end with discussion around possible future changes in prescribing as practice develops.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

The purpose of midwifery regulation is protection of the public. Reviewing prescribing practice helps to support safe practice and to enhance and target ongoing education.

EVIDENCE IF RELEVANT

The Midwifery Council as the regulator receives Ministry of Health reports which provide details of community-based prescribing. The purpose of these reports is for monitoring of prescribing practice. They also provide information about what medicines midwives are prescribing.

KEY MESSAGE

While prescribing is a competency of midwifery practice, the ability to prescribe supports woman centered and timely care within the context of New Zealand practice.

ICMBALI-0433 - Family planning advice during postpartum care- a concept analysis

P. Chowdhury[1], *Q. Mamun*[2], *S. Mosammat*[3]

1 *James P Grant BRAC University, Developing Midwives Project - Shimantik Academic Site, Sylhet, Bangladesh*
2 *UNFPA, Midwifery, Dhaka, Bangladesh*
3 *Nursing Institute Kustia, Midwifery, Kustia, Bangladesh*

BACKGROUND

Midwifery is a new profession in our country. Diploma in Midwifery education has been provided in Bangladesh since 2013. Midwifery care includes family planning, normal physiological process of pregnancy, birth, and the postpartum period up to 6 weeks including newborn care. So, family planning during postpartum care is a crucial part to be knowledgable about as a midwife, midwifery student, and midwifery teacher. From Bangladesh statistics, we found a total fertility rate of 2.17 children born per woman (2017 est.) and a contraceptive prevalence rate of 62.3 % (2014).

OBJECTIVES

To analyze the concept family planning advice during postpartum care.

METHODS

We conducted a concept analysis inspired by Schwartz- Barcott, and Kim (1986, 1993) from January to December 2019. The study comprises of three phases. Phase 1) a theoretical phase, describing the worldwide evidence, followed by 2) a field study phase consisting of 10 individual interviews and at last 3) a synthesis phase with the field study phase in light of the theoretical phase for contextualization to the Bangladeshi context.

RESULTS

The concept analysis will be a description of the concept family planning advice during postpartum care through the lens of the Quality Maternal and Newborn Care Framework (QMNCF) (Renfrew, et al. 2014).

CONCLUSIONS

In Bangladesh, 95 % of mothers shows disagree to get pregnant within the first 12 months following childbirth but still, 70 % of them are not using a modern contraceptive method. Providing postpartum family planning is, therefore, crucial to improving maternal and newborn health. The study will provide descriptions useful in the teaching of midwifery students, in pre-service and in-service training for midwifery students and midwives. In Bangladesh, until date, there is no available similar study in the new midwifery context of Bangladesh.

KEY MESSAGE

This study would benefit midwifery teachers and their students in their understanding of family planning advice during postpartum care in Bangladesh.

ICMBALI-0357 - The introduction of prescribing into public sector midwifery roles in South Australia

P. Medway[1], *J. Hurley*[1]

1 *Nursing and Midwifery Office, SA Health, Adelaide, Australia*

PURPOSE

Midwives in Australia are regulated by the Nursing and Midwifery Board of Australia (NMBA) who set the standards, codes and guidelines for the profession. In 2010 provisions were made under Australian Law to enable midwives to prescribe medication for women and their newborns within their scope of practice. In order to do this the midwife must first attain the NMBA *Endorsement for scheduled medicines for midwives*. The endorsement is attained by demonstrating a minimum of 5000 practice hours and undertaking a NMBA-approved education course that leads to endorsement. This paper aims to describe how prescribing by midwives holding the NMBA endorsement has been enabled for public sector midwives in the state of South Australia, the first and as yet only Australian jurisdiction to do so. Prescribing under this endorsement in Australia has previously been restricted to midwives working exclusively in independent private practice.

DISCUSSION

Using endorsed midwives in the public hospital setting improves outcomes by ensuring that women receive the treatment they need in a more timely way. It also allows endorsed midwives employed by the public sector to work to their full scope of practice. The project to oversee the implementation of public sector midwifery prescribing was undertaken by the Nursing and Midwifery Office (NMO) in the South Australian Department for Health and Wellbeing. The NMO are responsible for the statewide strategic professional leadership of the midwifery profession.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

This paper describes the steps taken to implement midwifery prescribing in SA Health facilities, the agreed principles for inclusion of prescribing in a midwife's role and the evaluation of the associated outcomes.

KEY MESSAGE

The efficiency of maternity services provided to women and their newborns can be improved by enabling public sector midwives holding the NMBA *Endorsement for scheduled medicines for midwives* to prescribe, as demonstrated in the state of South Australia.

Room 6

CONCURRENT SESSION: MIDWIVES ADVISING, PRESCRIBING

ORAL PRESENTATION

ICMBALI-0373 - Empowering front-line midwives and nurses to deliver integrated quality immediate PPFP services, urban Tanzania experience

I. Mwandalima[1], B. Stephens[2], A.M. Speciale[3], A. Samma[4], J. Komwihangiro[4]

1 *Pathfinder International, Program and Impact, Dar es salaam, United Republic of Tanzania*
2 *Pathfinder International, Programs and Impact, Boston, USA*
3 *Pathfinder International, Program and Impact, Dar es salaam, Spain*
4 *Pathfinder International, Programs and Impact, Dar es salaam, United Republic of Tanzania*

PURPOSE

Tanzania has a stagnated progress in improving maternal health and meeting the demand for family planning, partly due to inconsistent levels of workforce capacity building (1). However, greater impact can be achieved through targeting health providers at mid- and lower levels of the health system, where midwives and nurses play a major role in service delivery. Evidence shows that capacitated midwives can provide a majority of sexual and reproductive care – as much as 87 % of services (2) – including high impact practices such as immediate post-partum family planning (PPFP).

PURPOSE

Demonstrating the role of midwifery in delivering quality immediate PPFP

DISCUSSION

Pathfinder International and the MOHCDGEC collaboratively strengthened immediate PPFP services in 68 health facilities through an integrated capacity building approach in midwifery skills. Pathfinder trained 347 health providers – 80 % of whom are midwives and nurses – and provided follow-up mentorship led by MOHCDGEC teams and using mobile application to guide delivery of quality immediate PPFP. Providers were provided mentorship support, that contributed to increase in averaged competency scores from 72 % to 88 % from 2016 to 2018. The proportion of post-partum women leaving the facility with immediate PPFP method increased from 0.4 % (n = 136/36,644 deliveries) to 36 % (n = 26,822/75,339 deliveries), while only 2 % and 1.6 % PPFP clients experienced method expulsion for IUD and implant respectively.

Midwives and nurses have a demonstrated role in delivering PPFP and expanding access to voluntary contraception. Clinical training and follow-up mentorship are essential approaches for capacitating this workforce to deliver quality PPFP.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

A model for clinical training that sets midwives to make maximum impact in the communities they serve.

KEY MESSAGE

Midwives & nurses are highly capable providers to support uptake of PPFP service. Innovative approaches to clinical mentorship are critical in building Nurses and Midwives skills and competence for delivery of quality services and coverage thereof.

Room 7

CONCURRENT SESSION: FATHERS / PARTNERS

ORAL PRESENTATION

ICMBALI-0592 - Couples' experience of father's involvement and pain management during childbirth

F.W. Ngai[1]

1 *The Hong Kong Polytechnic University, School of Nursing, Hong Kong*

BACKGROUND

Labor pain is an individual experience embedded in the socio-cultural context. Father's involvement in childbirth has been found to play an important role in supporting the mother during labor. However, the literature exploring couples' experience of father's involvement and labor pain management appears to be spare in the Chinese context.

OBJECTIVES

To understand the experience of labor pain management and father's involvement in childbirth from women and their partners' own perspective.

METHODS

This study adopted an exploratory qualitative design. A purposive sample of 45 Chinese couples were recruited at the postnatal unit of a regional hospital in Hong Kong. Data were collected by face to face semi-structured interviews within one month after birth. Content analysis was used for the data analysis.

RESULTS

Six major themes were derived: mothers' experience of labor pain, effectiveness of pain relief measures, mothers' perceptions of support from their partners, mothers' perceptions of support from healthcare professionals, fathers' experience of involvement in childbirth, and suggestions for improvement of the maternity services. The findings showed that Chinese mothers experienced intense labor pain and adopted various pain relief measures. The involvement of fathers in childbirth and support from midwives were of great significance to the couples during childbirth.

CONCLUSIONS

This study provides unique insights into the experiences of father's involvement in childbirth and labor pain management in the Chinese society. The findings highlight the need for a family-centered model of care that involves both couples in the decision-making process during childbirth. A tailor-made birth plan that acknowledged couples' expectations and preferences should be incorporated into the maternity services to improve their overall childbirth experience.

KEY MESSAGE

Labor pain is a highly individual experience affected by the socio-cultural environment. Midwives are uniquely situated to provide individualized care to support women and their partners for a positive childbirth experience.

ICMBALI-0635 - Continuing group antenatal care through the extended postpartum period for mothers and their babies: a pragmatic cluster randomized controlled trial in Nigeria and Kenya

S. Suhowatsky[1], L. Grenier[2], B. Onguti[3], J. Oyetunji[4], L. Whiting-Collins[5], L. Noguchi[6]

1 *Jhpiego, Maternal Health, Baltimore, USA*
2 *Jhpiego, Maternal and Newborn Health, Baltimore, USA*
3 *Jhpiego, Kenya country office, Nairobi, Kenya*
4 *Jhpiego, Nigeria country office, Abuja FCT, Nigeria*
5 *Johns Hopkins Bloomberg School of Public Health, Population- Family- and Reproductive Health, Baltimore- MD, USA*
6 *Jhpiego, Maternal and Newborn Health, Baltimore- MD, USA*

BACKGROUND

Women and their infants in developing countries receive sub-optimal care to ensure healthy timing and spacing of pregnancy and improve child health, nutrition and development. Facility-based group care may increase coverage of key interventions compared to standard care offered in the 12 months postpartum.

OBJECTIVES

To compare improved child nutrition, health, and development practices and increased service utilization, including postpartum family planning (PPFP) use at 12 months postpartum, among women and their babies in group care compared to standard care.

METHODS

A cluster randomized controlled trial continued group care in the extended postpartum period in Nasarawa state, Nigeria and Kisumu and Machakos Counties in Kenya from 2016–2018. Twenty public health facilities (clusters) per country participated. Integrated maternal, newborn, child health and nutrition and early childhood development interventions were promoted in four "Healthy Mother, Healthy Baby" meetings. A quantitative survey was conducted in 2018 among traceable, enrolled women at 12 months postpartum (Nigeria n = 873; Kenya n = 631).

RESULTS

Women in the intervention arm reported significantly higher modern contraceptive use at 12 months postpartum (Nigeria 56.1 % vs. 27.5 %, AOR 2.77 [95 %CI 1.74, 4.37], p = < 0.001; Kenya 80.8 % vs. 73.3 %, AOR 1.81 [1.10, 2.99], p = 0.05) Higher average number of well-child visits (Nigeria 7.3 vs. 4.5 visits; Kenya 11.7 vs. 9.2 visits) and exclusive breastfeeding rates were seen in the intervention arm in both countries. In Nigeria, more babies in the intervention arm were engaged in 4 of 5 stimulation and learning activities in last 3 days (48 % vs. 12 %). No significant differences reported on immunization rates (Nigeria 64 % vs 54 %; Kenya 56 % vs 56 %).

CONCLUSIONS

Service utilization rates for well-child visits and PPFP at 12 months were higher in the intervention arm in both countries.

KEY MESSAGE

Group care in the extended postpartum period is a platform for integrated facility-based care and helps address low uptake of PPFP methods.

ICMBALI-1796 - Midwives invest in the future through having fathers more integrated in antenatal care, to create optimum family centred care

T. Thompson[1], *E. Bilous*[2], *C. Griffiths*[2]

1 *Otago Polytechnic, School of Midwifery, New Plymouth, New Zealand*
2 *Otago Polytechnic, School of Midwifery, Dunedin, New Zealand*

BACKGROUND

Having fathers integrated into antenatal care would help create optimum family centred care. Midwives work 'with women' but baby has another parent; for this project named 'father'. When fathers form early positive bonding relationships with their baby, the child's future life is positively influenced. Literature on bonding relationships focuses after birth. This research inquired whether bonding relationships developed before birth. It also asked what midwives did to facilitate that bond during pregnancy. New Zealand's midwifery continuity of care model means midwives could influence and enhance early positive bonding relationships. An unexpected research outcome was to reveal interesting and helpful insights into ways midwives could more usefully involve fathers, by meeting their different pregnancy learning needs.

OBJECTIVES

To examine development of bonding relationships in pregnancy between father and unborn baby; To explore midwives role in enhancing bonds, and develop useful strategies.

METHODS

This qualitative research sought volunteer male participants whose partner was pregnant with his first child. Ten men were recruited and interviewed. After participants approved their audio recording transcripts, thematic analysis occurred.

RESULTS

The baby was not real to fathers until there was tangible evidence; fathers felt protective bystanders and needed to know practical and caring tasks to do. Midwives were seen as holding special knowledge, but were the least important information source for the father, especially if feeling unwelcome at antenatal visits. The professional scope of the midwife was not well understood.

CONCLUSIONS

Information overload in early pregnancy is unhelpful for fathers. They value succinct, rational information in staged bursts; they want information on practical things they could do. Through feeling welcomed, fathers can participate more in the pregnancy, and understand the midwife's role and professionalism.

KEY MESSAGE

Midwives provide antenatal care for women; through understanding the timing and specific learning needs of fathers, midwives can better involve them, to create optimal family centred care.

ICMBALI-1949 - Effect of different maternal positions on non-stress test among pregnant women attending Dhulikhel Hospital

J. Twi Twi[1], *G. Shrestha*[1]

1 *Kathmandu University- School of Medical Sciences, Nursing and Midwifery, Kavre, Nepal*

BACKGROUND

The evaluation of the antenatal fetal heart rate pattern with electronic fetal monitoring is a widely accepted screening test of fetal well being. Maternal position during non stress test (NST) influences the hemodynamics of maternal and feto-placental circulation.

OBJECTIVES

To determine the effects of different maternal positions on non stress test.

METHODS

A true experimental cross over design was conducted in NST assessment room of Dhulikhel hospital. A total of 126 women were randomly assigned to Group A (left later first) and Group B (Semifowler first). Logistic regression, McNemar Test and paired t-test were used for analysis.

RESULTS

Women who were examined in the left lateral position first were 1.06 (95 % CI 0.43 to 2.66) times more likely to have a change from a non reactive to a reactive result. When analyzed independent of sequence, 15 % had non reactive NST in left lateral position while 13 % in semi fowler. The mean reactivity time in left lateral position was 8.93±4.40 (mean±SD) and in semifowler position was 8.28±4.34 (mean±SD). There is significant increment in maternal physiological parameters like systolic blood pressure ($p < 0.001$), diastolic blood pressure ($p < 0.001$) and pulse rate ($p < 0.001$) in semi fowler position than in left lateral position.

CONCLUSIONS

The semi fowler position adopted for NST by the women demonstrated a favorable maternal physiological parameter than in left lateral position. Hence semi fowler position can be encouraged as an alternative position that can be used for NST, based on the preference of the pregnant women.

KEY MESSAGE

Based on the preference of pregnant women, semi fowler position can be encouraged to use as an alternative position while performing non stress test.

Room 8

CONCURRENT SESSION WITH 3-MIN PRESENTATIONS: ANTENATAL CARE
(+ THREE-MINUTE PRESENTATION)

THREE-MINUTE PRESENTATION

ICMBALI-0263 - Group B strep (GBS) in urine or the vagina

J.A. Mcgregor[1], *M. Perhach*[1]

1 *Group B Strep International, Main Office, Pomona, USA*

DESCRIPTION OF RESEARCH OR INNOVATION

GBS is a type of bacteria which may be normally present in the gastrointestinal tract and vagina of many women. GBS has virulence factors which also make it a common cause of urinary tract infection and asymptomatic bacteriuria in both pregnant and non-pregnant women. GBS is among the commonest bacterial causes of antenatal/perinatal and postpartum infections. Mothers with GBS discovered in urine should be considered GBS positive throughout pregnancy. GBS in maternal urine correlates with positive colonization in third trimester. Positive mothers should receive antibiotics intravenously during labor. GBS colonization is also associated with "difficult to treat" or recurrent vaginitis. Evaluation often demonstrates purulent discharge and painfully irritated/inflamed tissues. GBS-specific virulence factors may make it a powerful cause of invasive infection for babies and mothers. Vaccination may become the commonest way to prevent invasive infection during pregnancy.

SIGNIFICANCE TO MIDWIFERY

Identification and treatment of GBS is part of essential pregnancy care.

ICMBALI-2281 - The relationship between the sleep during admission to delivery and labour pain in Chinese women

X. Qin[1], *X. Lin*[1], *R. Hu*[1]

1 *Fujian Medical University, Midwifery Department of Nursing School, Fuzhou, China*

BACKGROUND

Tension and stress resulting from pregnancy crisis and labor increase when the mother is hospitalized, which affect sleep and pain perception during labor. A recent study suggests that sleep loss increases the experience of pain.(Adam J, 2019).

OBJECTIVES

To investigate the relationship between the sleep during admission to delivery and labour pain in Chinese women.

METHODS

A descriptive correlational study was conducted. A total of 73 pregnant women were recruited from a tertiary provincial hospital in China. All participants were asked to wear the actigraphy monitor for 24 hours to evaluate their sleep during admission to delivery and rate their pain level on a 0–10 Visual Analogue Scale at various time points. Sleep time, sleep efficiency, sleep latency and labour pain ware calculated using descriptive statistics, and their relationships were examined using Pearson product-moment correlation coefficient.

RESULTS

Mean age of pregnant women was 29.63±4.70. Mean hour of time interval from admission to delivery was 25.78±21.86. The mean labour pain scores was 8.96±1.86. Mean minute of sleep time and sleep latency were 435.21±100.13 and 34.04±31.10, respectively. The mean percentage of sleep effeciency was 85.66±15.58. There was a significant negative correlation between sleep time and labour pain ($r = -0.28$, $p < 0.01$) and between sleep effeciency and labour pain scores ($r = -0.37$, $p < 0.05$). This study showed that, if Chinese pregnant women had less sleep time and lower sleep effeciency, they indeed experienced higher amount of pain during the labour.

CONCLUSIONS

This study provided evidence for health care professions to improve the clinical practice by improve the environment of obertric to help women have better and longer sleep so as to reduce labour pain.

KEY MESSAGE

The impact of sleep loss on the labour pain needs further study. Sleep may be a novel therapeutic target for labour pain management.

ICMBALI-0604 - The use of pain relief in childbirth and its association with the attendance and workload of midwives

N. Knape[1], H. Mayer[2], W. Schnepp[2], F. zu Sayn-Wittgenstein[3]

1 *Ludwigshafen University of Business and Society, Department of Social Work and Healthcare, Ludwigshafen/Rhine, Germany*
2 *Witten/Herdecke University, Department of Nursing Sciences, Witten/Herdecke, Germany*
3 *University of Applied Sciences Osnabrueck, Faculty of Business Management and Social Sciences, Osnabrueck, Germany*

BACKGROUND

Depending on cultural, technical, sociological and economic causes, rates for pain relief in labour are increasing in Germany. Beyond dispute, pain relievers are effective for abnormal birth and pain. But there is no doubt that they have several side effects. Supportive care might be a factor to reduce the need for pain relief. A lack of support might lead to more fear, tension and pain. A consequence of this vicious circle could be an increasing demand for pain relief.

OBJECTIVES

This research focuses on the association between the workload and attendance of midwives with the use of pain relief.

METHODS

Secondary analyses were based on a prospective controlled multicentre trial. Four German hospitals with a convenient sample of 999 low-risk women were included (2007–2009). Bivariate analyses as well as logistic regression were applied. The outcome variable was 'usage of pain relief'. Predictors were 'workload' and 'attendance of midwives'.

RESULTS

'Attendance of midwives' (OR:1.46, 95 % CI 0.95–2.26) as well as 'workload' (OR:1.03, 95 % CI 0.56–1.92) did not contribute to the model significantly. Attendance of obstetricians (OR:19.50, 95 % CI 8.11–46.89), shift changes (OR:1.56, 95 % CI 1.24–1.96), dissatisfaction with midwives presence (OR:1.81, 95 % CI 1.12–2.94), kind of hospital (OR:2.23, 95 % CI 1.31–3.78), time from admission to labour (OR:2.98, 95 % CI 1.84–4.83), usage of oxytocin (OR:2.99, 95 % CI 2.05–4.35) and labour induction (OR:2.99, 95 % CI 2.05–4.35) were significantly associated with the use of pain relief.

CONCLUSIONS

Proximate indicators for 'supportive care' like satisfaction with attendance of midwives or number of shift changes seems to be more meaningful than the quantitative measurement of workload or attendance.

KEY MESSAGE

Beside the needed call for staffing ratios in midwifery, quality aspects of care have to be discussed and transferred into practice. An adequate staffing ratio can be a first step to improve quality. This has to be amended by midwifery concepts for care.

ICMBALI-1752 - Zero transfer for pharmacological methods for pain relief: how a small Indian birth center has aced it for 8 years

P. Idicula[1], A. Varghese[1], D. Mitchell[1], R. Miller[1], R. Daniel[2]

1 *Birthvillage The Natural Birthing Center, midwifery, Cochin, India*
2 *Birthvillage The Natural Birthing Center, childbirth education, Cochin, India*

BACKGROUND

Obstetric analgesia is widely used for pain relief across most birth settings, despite data showing that it is associated with intervention cascade, leading to higher rates of operative birth. Midwives are experts in diverse methods for decreasing perception of pain, while not eliminating the source.

OBJECTIVES

The objective is to evaluate the possibility that women could anticipate and navigate through the pain of labour and experience a normal birth, as long as they are in an enabling environment, which supports the use of certain good practices that are initiated during pregnancy itself.

METHODS

We have used a statistical as well as experiential share of study of women who have birthed at Birthvillage, from 2010–2018.

Independent Birth education classes, giving an honest description of pain and how normal physiology works to release natural pain relief hormones; with discussions on the pros and cons of pharmacological methods of pain relief.

Movie screenings with realistic discussions of how to anticipate pain in labour, sharing cultural aspects of normal birth and pain perception. Comfort measures and fully hands-on participation from the husband.

Pre-preparation for labour and normal birth through specially designed Active Mamma prenatal workouts.

Sharing stories of non interventional births through social media.

Midwife led care that is based on individualised approach in setting expectation and attitude towards pain in labor and birth.

RESULTS

In the time frame 2010–2018 birthvillages has had a zero transfer rate for pharmacological pain relief solutions in labor and birth.

CONCLUSIONS

Women can be actively supported by engaging them prenatally through dialogue and practice on how to facilitate a normal birth experience without using pharmacological methods.

KEY MESSAGE

Women do not need to inherently/anticipatorily fear the pain of childbirth. Many birth centres could incorporate similar practices so that intervention-free physiological normal birth is achieved utilising non pharmacological methods that may shared antenatally.

ICMBALI-1292 - The impact of maternal intrapartum massage- a randomised control trial

C.Y. Lai[1], W.H. Tong[2], A. Tam[2], K.Y. Lau[2], M. Chau[2], T. Lao[3], T.Y. Leung[3]

1 *Professional Consultant, Obstetrics and Gynaecology, NT, Hong Kong*
2 *Prince of Wales Hospital, Dept of OG, Shatin, Hong Kong*
3 *Chinese University of Hong Kong, Dept of OG, Shatin, Hong Kong*

BACKGROUND

Labour pain is distressing and effective pain relief is a major context in midwifery care.

OBJECTIVES

To evaluate the efficacy and satisfaction of maternal intrapartum massage on pain relief and labour experience.

METHODS

Low-risk Chinese primiparous women with singleton pregnancies planned for vaginal delivery were recruited at 30–36 weeks gestation in 2016. Sample size was 300 each arm through computer-generated random numbers. The study group was taught massage techniques, relaxation, breathing control, and visualization at 36-week gestation. They were encouraged to practice at home . Control group received standard care.

RESULTS

Baseline characteristics in study and control groups showed no difference: age 31 vs 31, Prepregnant BMI 21.4 vs 22.2. No difference was found in the use of Entonox (36.2 % vs 42.5 %) or Pethidine (10 % vs 11.3 %) but reduced need for epidural analgesia (1.8 % vs 5.8 %, $p = 0.02$) was found in the study versus the control group. The latter group also required more warm pads (46.3 % vs 28.5 % $p = 0.001$) and transcutaneous electrical nerve stimulation (17.1 % vs 7.2 % $p = 0.001$). No difference was found in the incidence of vaginal delivery (85.8 % control vs 88.8 % study NS).

The study group also completed a 6 item questionnaire on whether intrapartum massage can 1. included relaxation ; minimize labour pain; 3. relieve back discomfort ; 4. reduce use of pharmacological pain relief; 5. enhance the partner's self esteem; 6.enhance the couple's relationship. The response rate was 80 % ($n = 177$). Duration of massage (from 2 to 720 minutes) was analysed in quartiles and women in the highest quartile had satisfaction on pain relief ($p < 0.005$) and less back discomfort ($p < 0.05$).

CONCLUSIONS

Our results demonstrated the efficacy of intrapartum massage in relieving backpain and reducing the use of epidural analgesia, without any adverse effect on either duration of labour duration or mode of delivery.

KEY MESSAGE

Intrapartum massage is a safe adjunct pain relief option.

Wednesday, 9 June

Wednesday, 9 June, 01:00 PDT

Room 1 (INTERPRETATION)

PLENARY SESSION: PAVING THE WAY FOR STRENGTHENED HEALTH SYSTEMS: LESSONS FROM A GLOBAL PANDEMIC

Paving the way for Strengthened Health Systems: Lessons from a Global Pandemic

Helen Clark (New Zealand)
Neel Shah (USA)
Neha Mankani (Pakistan)
Mandira Paul (Sweden)
Jacqueline Dunkley Bent (United Kingdom)

PANEL DISCUSSION

This plenary session will explore how midwives have persevered and adapted amidst COVID-19. Despite the destruction this pandemic has wreaked on health systems around the world, healthcare workers, including midwives, have found new ways to support communities anddevelop strengthened procedures and systems in the process. This conversation will highlight the specific challenges midwives have faced over the past 18 months. Panellists will focus on innovations borne as a result of COVID-19, share lessons learned from the pandemic, explore what post-pandemic midwifery looks like and explain the messages health authorities need to hear.

Wednesday, 9 June, 02:30 PDT
Parallel sessions 2

WHO, UNICEF & Global Water 2020: The journey to safe childbirth starts with water, sanitation & hygiene (WASH)

Frances McConville (Switzerland), Elizabeth Iro (Switzerland), Silvia Gaya (USA), Rick Johnston (Switzerland), Margaret Montgomery (Switzerland), Eya Mwenifumbo-Gondwe (Malawi), Harriet Nayiga (Uganda), Andrina Sukma Dwi (Indonesia), Julie Storr (United Kingdom), Fatima Gohar (Kenya), Magali Fabila (Mexico), Arabella Hayter (United Kingdom)

Join WHO, Global Water 2020, Unicef and colleagues from across the globe in a conversation about putting the fundamentals first to protect women and their newborn babies. This session will excite midwifery colleagues to become WASH champions in support of women and newborns. Working together we can help the global efforts to end sepsis and accelerate action to stop preventable infections, including the spread of COVID-19.

The session will focus on the global status of WASH in healthcare facilities and WHO and UNICEF's eight practical steps to improving WASH for quality care, which includes use of WASH FIT, a tool midwives can use to take action in their own facilities. Fellow midwives and WASH experts will discuss how the two communities can work together to improve quality care, and the safety of health workers. We want to hear from you on what's working, what's not, and where more efforts are needed to ensure WASH is in place, everywhere midwives are working. As part of the ongoing Year of the Midwife, join us to ensure that the fundamentals are first and foremost in all contexts where mums and babies seek and access health care.

BACKGROUND

In December 2020 WHO and UNICEF launched a new global progress report on WASH in Health Care Facilities, on the margins of Universal Health Coverage Day. The Global Progress Report on WASH in Health Care Facilities: Fundamentals First presents new data on WASH services in health care facilities, data in 165 countries, progress from 50 countries in implementing the WHO World Health Assembly Resolution and WHO/UNICEF's eight practical steps on WASH in health care facilities. It includes 30 case studies of joint WASH and health collaboration at the national and local level.

The report identifies major global gaps in WASH services: one third of health care facilities do not have what is needed to clean hands where care is provided; one in four facilities have no water services, and 10 % have no sanitation services. This means that 1.8 billion people use facilities that lack basic water services and 800 million use facilities with no toilets. Across the world's 47 least-developed countries, the problem is even greater: half of health care facilities lack basic water services. Furthermore, the extent of the problem remains hidden because major gaps in data persist, especially on environmental cleaning.

A key message of the report is the 'non-negotiable' nature of WASH in health care. WASH is emphasized as essential for providing quality care and a top priority for women receiving maternal care. The report also addresses the important role of WASH in many areas of health including (not exclusively) protecting front-line health care workers, care seekers and patients and preventing avoidable deaths. The report concludes with four recommendations:

1. Implement costed national roadmaps with appropriate financing.
2. Monitor and regularly review progress in improving WASH services, practices and the enabling environment.
3. Develop capacities of the health workforce to sustain WASH services and promote and practice good hygiene.
4. Integrate WASH into regular health sector planning, budgeting and programming to deliver quality services, including COVID-19 response and recovery efforts.

WHO and Unicef published eight practical steps countries can take to improve services, including developing baselines and targets, empowering the health workforce and engaging with communities. Midwives bear the brunt of inadequate WASH services and can serve a critical role in finding local solutions and being champions for longer-term systematic changes.

OBJECTIVES

1. Present the findings and recommendations of Fundamentals First, global status, targets and practical steps for improving WASH in healthcare facilities and highlight implications and opportunities for collaboration and engagement with the midwifery community.
2. Orient participants to recent WASH monitoring and improvement tools (WHO/UNICEF global indicators for WASH in health care facilities and in delivery room settings, Water and Sanitation for Health Facility Improvement Tool (WASH FIT)) and how they can be adapted to support midwives to engage in WASH and quality improvements.
3. Discuss country examples of how the WASH and midwifery communities are working together to improve WASH services and quality of care for mothers and newborns focused on key actions, challenges and incremental change.

ICMBALI-0884 - Maternal and child outcomes following induction of labour compared to spontaneous onset of labour in a low risk population: 15 year linked data cohort study

H. Dahlen[1], *L. Peters*[2], *C. Thornton*[3], *A. de Jonge*[4], *S. Downe*[5]

1 *University of Western Sydney, School of Nursing and Midwifery, NSW, Australia*
2 *VU University Medical Center Amsterdam, Department of Midwifery Science, Amsterdam Public Health Research Institute, Amsterdam, Netherlands*
3 *College of Nursing and Health Sciences Adelaide- Flinders University, Adelaide, Australia*
4 *VU University Medical Center Amsterdam, Department of Midwifery Science- VU University Medical Center Amsterdam- Amsterdam Public Health Research Institute, Amsterdam, Australia*
5 *UCLAN, University of Central Lancashire, Preston, United Kingdom*

BACKGROUND

Induction of labour (IOL) is rising globally. Based on the ARRIVE trial (Grobman WA et al., 2018) more obstetricians are recommending elective IOL at 39 weeks. However, only 27 % of eligible women consented to be randomised in the ARRIVE study and 94 % were cared for by private obstetricians. This raises questions about generalisability of the results.

OBJECTIVES

The aim of our study was to examine the short and long term maternal and child health outcomes following induction of labour with no defined medical indications compared to spontaneous onset of labour in a low risk population.

METHODS

New South Wales (Australia) population linked datasets were analysed and included all low risk women giving birth 37–41 weeks (2001–2016). Data included maternal and child characteristics, mode of birth, interventions during labour and birth, and adverse health outcomes of children that were registered with the ICD-10AM codes. Multivariable logistic regression analyses were performed.

RESULTS

A total population of all low risk women giving birth (n = 521,692) was included, of which 38 % were induced. About 62 % of the induced women had no defined medical reasons. Low risk women who were induced had significantly higher caesarean section and instrumental birth rates than those who labored spontaneously when matched for each gestational age. Higher rates of birth asphyxia, low Apgar scores, birth trauma, NICU admission, resuscitation and respiratory disorders were also seen in the babies who were induced.

CONCLUSIONS

In a total population of low risk women, being induced with no defined medical reason led to worse outcomes for mothers and babies at almost every gestational age from 37–41 weeks.

KEY MESSAGE

Elective IOL with no medical reason causes harm and caution is needed before this practice becomes wide spread.

ICMBALI-0600 - Effects of induction of labor after 41 weeks on mode of delivery and outcome in Iceland

A. Olafsdottir[1], *D. Kristofersson*[2], *S.I. Karlsdottir*[3]

1 *Björkin, Birth center, Reykjavik, Iceland*
2 *University of Iceland, School of social sciences, Reykjavik, Iceland*
3 *University of Akureyri, School of health sciences, Akureyri, Iceland*

BACKGROUND

Rates of induction of labor (IOL) in Iceland and most neighboring countries have increased. Recent literature on IOL provides contradicting evidence of the effects on mode of delivery, maternal and neonatal outcome.

OBJECTIVES

The aim of this study was to evaluate the impact of IOL in late term pregnancies (≥ 41 weeks) on mode of delivery, maternal and neonatal outcome.

METHODS

A retrospective cohort study of deliveries after 41 weeks of pregnancy was conducted for all deliveries in Landspítali hospital in the period 2013–2016, comparing outcomes of IOL deliveries to spontaneous labor deliveries. Logistic regression analysis was performed to determine the impact of the independent variables on the outcome.

RESULTS

Of the 2419 women cohort, 61.8 % had a spontaneous onset of labor and 38.2 % had IOL. The results show that IOL increases probability of caesarean section in primiparas women ($p < 0.01$). IOL increases the use of epidural anesthesia in labor, both for primiparas ($p < 0.001$) and multiparas ($p < 0.05$). Similar results where observed in the neonatal outcome in both groups. Gestational age increases the probability of instrumental delivery ($p < 0.05$), caesarean section ($p < 0.01$), use of epidural anesthesia ($p < 0.01$), apgar < 7 at 5 minutes ($p < 0.01$) and fetal distress ($p < 0.01$).

CONCLUSIONS

Induction of labor has some negative impact on maternal outcome but leads at the same time to a shorter pregnancy, which again decreases negative impact of prolonged pregnancy.

KEY MESSAGE

It is important to evaluate the advantages and disadvantages of induction of labor before making a decision when to induce labor.

ICMBALI-1024 - The underlying indications for the rising labor induction rate: a population-based study in Iceland

E. Swift[1], K. Einarsdottir[2], J. Gunnarsdottir[3], H. Zoega[3]

1 *University of Iceland, Department of midwifery- Faculty of nursing, Reykjavik, Iceland*
2 *University of Iceland, Centre for Public Health, Reykjavik, Iceland*
3 *University of Iceland, Faculty of Medicine, Reykjavik, Iceland*

BACKGROUND

For the past twenty years, the use of labor induction has doubled in Iceland. Similar trends have been reported in middle and high income countries.

OBJECTIVES

The aim of this study is to investigate the underlying indications to the rising induction rate in Iceland.

METHODS

This study will include all births in Iceland from 1 January 1997 to 31 December 2018. The births will be identified from the Icelandic Medical Birth Registry, a nationwide, centralized registry with complete coverage of all births in Iceland. Data on maternal characteristics, pregnancy complications, delivery characteristics and maternal and neonatal outcomes will be obtained from the registry. To investigate the contribution of each indication we will calculate the proportion of inductions attributed to each indication as the number of inductions performed for each indication per total number of inductions each year, stratified by parity. Segmented regression models assuming a negative binomial distribution to account for over-dispersion in the data will be used to calculate a line-of-best-fit to the trends. The average annual percent change and 95 % confidence intervals for the trends will also be estimated from the segmented regression models.

RESULTS

We will present information on what indications are most common for labor induction, as well as how they have changed over time. Some of the common indications for induction of labour include: Post-term pregnancies, premature rupture of the membranes (at term and preterm), preeclampsia, hypertension, diabetes, intrauterine growth restriction, fetal death, oligohydramnios (too little amniotic fluid), and macrosomia.

CONCLUSIONS

The study will provide information on which indications are contributing to the rise in labor induction and whether these indications have changed over time.

KEY MESSAGE

Understanding which indications are contributing to the rising induction rate is essential when aiming to reduce unnecessary interventions.

Room 3

WORKSHOP: HEALING OURSELVES AS MIDWIVES

ICMBALI-1732 - Healing ourselves as midwives

J. Patterson[1]

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THE LEARNING OUTCOMES

- Discover a range of safe, effective, easy to use, traditional wellbeing practices as taught and used by Capacitar International across the world for over 30 years.
- Learn how these practices:

  can reduce trauma, improve resilience, and enhance mental and physical wellbeing.

  can empower and support you in your work with women and families.
- Learn how to safely share these practices with colleagues, women and families.

THE PROCESS/ACTIVITIES

An informal, deeply relaxing session with information and education about the practices and how they benefit wellbeing.

The opportunity to experience/participate in a range of wellbeing practices including: breathing exercises; gentle stretching; acupressure; visualisation; and dance. The practices draw on evidence based energy and mindfulness practices as taught by Capacitar International, from ancient eastern traditions such as Tai Chi and acupressure. This session will take place to a background of relaxing, gentle music.

All exercises are offered at a safe level for use by people of all ages and abilities.

90 minutes is ideal for the session, but 45 minutes is acceptable.

The session will be provided by the main applicant and a midwife colleague who is trained and familiar with the practices.

AUDIENCE PARTICIPATION

Participants will leave both relaxed and having learned about and practiced new skills that they can easily apply in their daily lives for themselves and share with friends, family, colleagues, and those they care for.

REFERENCES

The practices are based on those used by Capacitar International (www.capacitar.org) a large not-for-profit international organisation established 31 years ago, working in over 43 countries worldwide. Capacitar collaborate with grassroots communities affected by poverty, violence, trauma and war, and increasingly work within healthcare. Capacitar, a Spanish word, means 'to empower and bring to life'. The Capacitar motto is 'Healing ourselves, Healing our world'.

The main presenter, a midwife, completed training with Capacitar International from 2012–2013 (Capacitar, 2019)* and is qualified to offer practices based on this training as a grassroots activity. She has run sessions over the last few years within the UK and Ireland, for childbearing women, midwives, obstetricians, and other maternity care providers. Initial evaluation using the Warwick and Edinburgh Mental Wellbeing Scale, alongside feedback from many participants, show benefits to wellbeing**.

* Capacitar, 2019: Capacitar training program [online] http://capacitar.org/programs (accessed 150519).

** Patterson, 2018 Healing Ourselves as Midwives Chapter 10 in Edwards et al. (2018) Untangling the Maternity Crisis. Abingdon, Routledge.

Room 4

SYMPOSIUM: TWINNING BETWEEN MIDWIVES: DEALING WITH THE COMPLEXITY OF TWINNING IN PRACTISE

ICMBALI-1549 - Twinning between midwives: dealing with the complexity of twinning in practise

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PURPOSE OF THE SYMPOSIUM

Inequities in health has international attention and is part of Sustainable Development Goal 3 (SDG3) 'promote well-being for all'. To attain this goal globally warrants innovative approaches, one of these is twinning. Twinning focusses on empowering professionals, who can subsequently be change-agents for their communities. Twinning in healthcare is relatively new, and rigorous monitoring and evaluation is rare because the definition and understanding of twinning lacks clarity. Broadening our understanding of twinning will allow the development of a scientific base for this promising form of collaboration.

In the first part of this symposium we will support the audience to gain a deeper understanding of what is meant by twinning, formulate an operational definition and discuss the Critical Success Factors (CSF). We will also discuss how professional growth of twins in a twinning project is influenced by culture and by the one-to-one twin relationship. The second part of the symposium will focus more on the practical side of starting a twinning project within one's own organization. It includes an exercise and interactive discussion about the importance of working towards a common goal, as well as presentations about the successes and challenges of the Twinning up North project (Iceland and the Netherlands) and the South-South twinning project (Ghana and Sierra Leone).

1ST PRESENTATION

In this section the Concept Analysis of twinning and its Critical Success Factors, that evolved from two studies, are discussed. We will give the definition of twinning (a cross-cultural reciprocal process where two groups of people work together to achieve joined goals) and discuss the four attribute of twinning that can have an empowering effect on healthcare professionals. We will also discuss the Critical Success Factors for twinning in midwifery that represent the necessary ingredients for successful Twinning by providing a practical implementation framework and promote further research into the effect of Twinning. (Franka Cadée).

2ND PRESENTATION

This section will reflect on how the professional growth of twins is influenced by: 1. Culture and 2. The one-to-one twin relationship. Our case study showed that professional growth was firstly facilitated by twins' preparedness to bridge cultural differences. Common goals positively influenced this process. Friction was more likely, and professional growth was hindered, when midwives were unprepared to bridge cultural differences. To optimise professional growth through twinning, we recommend a clear focus on common goals and consideration of the interaction between the length of a project and the extent of the cultural differences between twins. Secondly, a Glasers' classical grounded theory approach where 'all is data' is used to explore what the place is of the one-on-one twin relationship in twinning. The analysis is still in progress. (Franka Cadée).

3RD PRESENTATION

This will be an interactive session where the above knowledge is used to make the audience think about how to start a twinning project as well as how to find a partner organisation, how to set criteria and how to decide on a common goal that both organisations are inspired to work on. The audience will be given a few minutes to practice with finding a common goal in groups of four. (Liselotte Kweekel).

4TH PRESENTATION

The final presentation will go into practical experiences of the Twinning up North project between Iceland and the Netherlands and the South-South twinning project between Ghana and Sierra Leone. Both project coordinators will discuss their goals, themes and practical challenges. (Edythe Mangindin and Betty Sam).

COMMON FOCUS

Twinning as a method to empower midwives, who can subsequently be change-agents for their communities.

COHESION BETWEEN SECTIONS

The symposium provides the audience with the full scope of twinning, from a deeper theoretical understanding using the latest research to an interactive exercise and practical experiences. The presentations follow each other in terms of content.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

The twinning method can be implemented to strengthen midwives worldwide. This symposium provides the theoretical background that midwives need to start a twinning project, as well as the necessary practical guidance.

Room 5

SYMPOSIUM: USING THE QUALITY MATERNAL AND NEWBORN CARE FRAMEWORK IN CLINICAL PRACTICE, RESEARCH AND EDUCATION

ICMBALI-0350 - Using the quality maternal and newborn care framework in clinical practice, research and education

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2 *Hannover Medical School, Midwifery Research and Education Unit, Hannover, Germany*
3 *University of Technology Sydney, Faculty of Health, Sydney, Australia*

PURPOSE OF THE SYMPOSIUM

We will demonstrate how the Lancet Series on Midwifery's Quality Maternal and Newborn Care (QMNC) Framework can be used to evaluate quality of care in different contexts, and to inform the evaluations of postgraduate educational projects which explore midwifery-led care. The QMNC Framework presents a comprehensive synthesis of the global literature concerning quality care for mothers and newborns. It describes five components of care (Practice categories, Organisation of care, Values, Philosophy, Care providers) which each list relevant characteristics of quality care. The Framework has informed the World Health Organisation's revised international benchmarks for antenatal care; has been used in developing midwifery curricula; and has helped to identify research gaps and inform research questions. It was instrumental in producing the world's first proposed national scheme for community-based midwifery continuity of carer – *The Best Start* in Scotland. Carefully applied, it can be used to inform improvements in midwifery globally. In this symposium we provide examples of how the QMNC Framework has been used in Scotland, Germany and Australia to assess quality of care within care models; to inform evaluations of postgraduate educational projects which explore midwifery-led care; and to plan workforce development, resource allocation, education curricula, and research demands.

1ST PRESENTATION

Symon. Adapting the QMNC Framework for use as a data collection tool to evaluate a community-based midwifery scheme. This scheme offered planned home birth within a continuity of carer package covering the pregnancy-childbirth-postpartum continuum. Using focus groups with midwives and new mothers, we discussed this care model and then related participants' experiences and perceptions back to the QMNC Framework in order to identify where quality care was present or absent. Information-giving and the relational aspects of continuity of carer were key findings. We identified learning points which have contributed to local service improvements. These may help others when planning and evaluating continuity schemes elsewhere.

2ND PRESENTATION

Gross. Assessing midwifery practice during postgraduate education projects. The Midwifery Research and Education Unit at Hannover Medical School in Germany hosts the online and international European MSc Midwifery Programme. In their MSc thesis students usually conduct their first empirical research study. Areas of interest cover all domains of midwifery practice. Students must locate their subject within the QMNC Framework's five components of care, and, in their study aims, address particular research gaps that have been identified with reference to the Framework. Results of the uptake of the QMNC Framework in the MSc projects will be presented.

3RD PRESENTATION

Cummins. Using the QMNC Framework to discover the quality of midwifery-led continuity of care in Australia with recommendations for expansion. The QMNC Framework was used to explore the qualities of midwifery-led continuity of care in two distinct Australian settings, with recommendations for replication in similar settings. We also used the Framework as a tool for the upscale of midwifery-led continuity of care models through mapping the service characteristics to the QMNC Framework. Recommendations are to replicate the Framework components which are present (indicating quality of care) and to address the components that are missing.

COMMON FOCUS

All presentations utilise the QMNC Framework as the basis for identifying and promoting quality care in midwifery practice.

COHESION BETWEEN SECTIONS

In all three sections we make it clear that we applied the QMNC Framework's components and characteristics of quality care in examining midwifery care. We also used the Framework to reflect on the research / educational project findings.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Since the QMNC Framework is a global model, we propose that it can be used to assess quality of care within different care models worldwide. Having explained the Framework's adaptability within our own projects, attendees will engage in a 20-minute discussion about how to apply the Framework and our learning points to their own settings. Our questions are:

1. What components/characteristics of the QMNC Framework are present in the model of care/practice in which you work or conduct research?
2. How can these components be replicated to expand the models of care that provide quality maternal and newborn care?
3. How can the QMNC Framework be applied to educational research proposals? Following identification of the QMNC. Framework's components within their own setting, attendees will be encouraged to draft a proposal for their practice, research or educational setting that reflects the quality care characteristics within the Framework.

ICMBALI-1166 - The Swing project; balancing different values in maternal and newborn care

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3 *VUmc, Public and occupational health, Amsterdam, Netherlands*
4 *VUmc, Public Health, Amsterdam, Netherlands*

PURPOSE

Two models are prevalent in maternity care; the social model focussing on pregnancy and birth as physiological life events and the biomedical model focussing on the identification of health risks. The Safety-II approach may help to balance these models and is based on the assumption that health care systems function well because professionals adapt to changing circumstances, such as clients' preferences. Safety in this context is defined as successful everyday functioning, rather than the absence of adverse events.

In the SWING project, we aim to develop a learning network of clients and professionals to continuously improve quality of care based on the Safety-II approach.

In two regions, the functional resonance analysis method (FRAM) based on the Safety-II approach will be adjusted in an intervision group of clients and professionals. With FRAM, daily processes are analysed systematically to learn under which circumstances these lead to favourable or adverse outcomes. Clients will also be involved in quality improvement in client councils and café's.

DISCUSSION

The Safety-II approach enables clients and professionals to learn why things go right in addition to why they go wrong. This approach may help to balance the different values that are important to continuously improve maternal and newborn care, such as good health outcomes, optimal use of medical interventions and a good childbirth experience.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

The project will result in a handbook for intervision groups of clients and different professionals. This handbook can be used to set up learning networks in other regions.

EVIDENCE IF RELEVANT

Hollnagel E, etal. FRAM – The Functional Resonance Analysis Method - a handbook for the practical use of the method. Centre for Quality; 2014.

KEY MESSAGE

Implementing the Safety-II approach in maternal and newborn care and creating a learning network of professionals and clients may help to balance the social and biomedical model in maternal and newborn care.

Room 6

CONCURRENT SESSION WITH 3-MIN PRESENTATIONS: ADVOCACY FOR WOMEN (+ THREE-MINUTE PRESENTATION)

ORAL PRESENTATION

ICMBALI-0682 - "Please treat me like a person" adolescent mothers between 14 and 16 years share their experiences of childbirth – a Husserlian phenomenological study

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PURPOSE

Pregnancy among adolescents is not an unusual occurrence in South African communities. It has become commonplace for a young girl to fall pregnant and raise her child as a single mother. In caring for adolescent mothers during childbirth, it seemed as if they needed more support and encouragement from the midwives and struggled more to cope with demands of labour than older mothers did. The purpose of the study was to explore the lived childbirth experiences of middle adolescent mothers between 14 and 16 years of age.

DISCUSSION

The study setting consisted of two hospitals in the Cape Town Metropolitan area, South Africa. Adolescent females between 14 and 16 years of age who had normal vaginal births of healthy, term infants were invited to participate. Due to their status as minors, parental consent and assent from the adolescents were obtained. A qualitative design was followed, using a Husserlian phenomenological approach and information was gathered by semi-structured conversations.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Action is needed to address midwives' attitudes towards adolescents during pregnancy and childbirth and the mistreatment of maternity patients in health care facilities. Continuous labour support is an important coping strategy and pain management is vital. A condensed form of antenatal education for adolescents is needed together with adolescent-friendly health care services to ensure better preparedness for childbirth and more positive experiences.

EVIDENCE IF RELEVANT

Findings: Three themes were identified based on Husserlian concepts: i) *essences*: physically underdeveloped and emotionally unprepared for childbirth, ii) *intentionality and consciousness*: an unsettled state of mind during childbirth, and iii) *life-world*: feeling physically and emotionally overwhelmed by the experience.

KEY MESSAGE

An over-arching theme of *preservation of personhood* was identified. Adolescent mothers wanted to be recognised as human beings. Friendly, helpful, respectful and non-judgmental care from midwives were associated with more positive birth experiences while humiliation, victimisation and rudeness with negative birth experiences.

Room 6

CONCURRENT SESSION WITH 3-MIN PRESENTATIONS: ADVOCACY FOR WOMEN (+ THREE-MINUTE PRESENTATION)

ORAL PRESENTATION

ICMBALI-2050 - Canadian midwives address the challenge of vaccine hesitancy: respectful, compassionate, evidence-based, non-judgmental care

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2 *Canadian Association of Midwives, President, Winnipeg/Montreal, Canada*
3 *Canadian Association of Midwives, Executive Director, Montreal, Canada*
4 *Canadian Association of Midwives, CAM President, Vancouver- British Columbia, Canada*

BACKGROUND

The World Health Organization identified vaccine hesitancy as a leading global health threat in 2019. In wealthy countries, hesitation around vaccination has decreased vaccination in children and adults, leading to outbreaks of vaccine-preventable diseases. Research suggests that misinformation and fear around vaccination is spreading globally, including in low- and middle-income countries. Whether or not their scope of practice includes vaccinating clients directly, midwives are usually responsible for providing pregnant people with information about recommended vaccines of pregnancy and infancy. They therefore have a key role to play in addressing vaccine hesitancy.

PURPOSE

This presentation will discuss an innovative project, led by the Canadian Association of Midwives (CAM), to provide midwives with leadership and with resources around vaccine information.

PROJECT

This presentation will first describe how CAM developed a Position Statement on vaccination, highlighting the importance of balancing meaningful membership consultation with a strong leadership position on topics like vaccines, which can be controversial. Secondly, it will describe unique resources for clients and midwives that CAM has developed. These resources focus on increasing midwifery soft skills in facilitating informed consent and recognizing and responding to client concerns, while also providing evidence-based information.

DISCUSSION

CAM's work demonstrates that the unique Canadian model of midwifery care, and the assets that midwives everywhere bring to the client relationship, can provide essential tools for addressing vaccine hesitancy.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Midwifery associations need to take the lead in offering guidance to their membership on vaccines – this guidance must address the needs and concerns of members, ascertained via meaningful consultation, but must also be based in evidence.

KEY MESSAGE

Midwives can play a vital role in addressing vaccine hesitancy, provided they receive respectful support from their professional associations, and relevant, appropriate, and non-judgmental resources to facilitate their relationships with clients.

ICMBALI-0819 - Changing the narrative around childbirth: whose responsibility is it?

V. Hundley[1], *A. Luce*[2], *E. van Teijlingen*[1], *S. Edlund*[2]

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2 *Bournemouth University, Faculty of Media & Communication, Bournemouth, United Kingdom*

BACKGROUND

There is growing media interest in all aspects of pregnancy and childbirth. However, many media stories focus on dramatic, risky and mostly unrealistic events, often misrepresenting childbirth and the midwifery profession. The question is whose responsibility is it to ensure accurate representations of childbirth and maternity care providers?

OBJECTIVES

To explore midwives' perceptions of the portrayal of childbirth in the media and their views on whose responsibility it is to ensure accurate representations.

METHODS

Semi-structured in-depth interviews were conducted with ten UK midwives. Participants were purposively selected based on their place of practice (National Health Service, higher education, and independent practice), years of experience and views of the relationship between the media and midwifery. The interview contained questions on interviewees' demographics, work experience, perception of media portrayal of childbirth, and how they as midwives were affected by media representations of midwifery. The interviews were audio-recorded (with permission) and transcribed. Data were analysed using a thematic approach.

RESULTS

Four separated but inter-related themes arose from the interviews: (1) not my responsibility; (2) fear of retribution; (3) power balance; and (4) social media. The themes sat within two wider societal issues that reflect the current challenges for midwifery, these were (a) the ongoing battle between the social and the medical models of childbirth and (b) the impact of gender.

CONCLUSIONS

Finding that midwives fear the media resonates with experiences from other countries and other professional groups. There is a need to change media representations of childbirth and midwives have a critical role to play. To do this, midwives need to equip themselves with skills to engage with the media. Guidelines on responsible media reporting could assist by ensuring that media producers portray pregnancy, midwifery and maternity care as naturally as possible.

KEY MESSAGE

Midwives need to engage with the media to ensure accurate representations of childbirth.

ICMBALI-0924 - Midwives advocating for the future through effective empowerment and building resilience. The personal experience of undertaking a resilience building program

D. Morris[1]

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DESCRIPTION OF RESEARCH OR INNOVATION

What started as a desire to understand the theory of building resilience, enquiring if it possible to build professional resilience through teaching, has revealed the power of the ordinary. What this midwife has come to understand, is that resilience does not come from rare and special qualities but from the everyday magic of ordinary, normative human resources in minds, brains, and bodies. (Deveson, A. 2003, p. 38)). The focus of this 3 minute thesis, from a personal perspective is, can resilient behaviours be learned and interwoven with life experiences and how an individual builds their resilience whilst in challenging environments.

SIGNIFICANCE TO MIDWIFERY

The midwifery workforce in many high income countries, report a shortage of experienced midwives and service providers struggle to fill the gap with appropriately skilled and experienced new midwives. Is this because new midwives are not resilient enough to cope in the current midwifery workplace?

Room 7

CONCURRENT SESSION: CLINICAL INCIDENTS

ORAL PRESENTATION

ICMBALI-1398 - Midwives, obstetricians, and death, at birth

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1 *CNAM Conservatoire national des arts et métiers, CRTD Research center on occupational work, Paris, France*
2 *Birth center Doumaia, Independent midwife, Castres, France*
3 *National association of territorial midwives, Territorial midwife, Speracedes, France*
4 *Bordeaux University CHU, Midwifery school, Bordeaux, France*

PURPOSE

With the improvement of living conditions and the progress of medical science and technology, death has greatly diminished on the birth scene, as in the public space in general; especially in developed countries like France. This situation also changes midwives and obstetricians professional scene when death occurs at work. In this case, what impact does it have on them and their work? Non-directive interviews conducted with 32 caregivers explored this question as part of a doctoral research-action in occupational work, in accordance with the declaration of Helsinki. At the crossroads of an interdisciplinary reading, a qualitative analysis following the method of continuous comparison of interactionist sociology has been made. It has established that this situation can strain work and subjectivities.

DISCUSSION

Due to knowledge and medical progress, with the weight of omnipresent injunctions of struggle against death, with high social and parental expectations, death occurrence at birth can be shown as a failure at work. Its questioning is accompanied by more or less pronounced repercussions on the caregivers. They come from a subjectivity strongly tested by the activity at work, with sometimes the mark of a still painful professional past. To get out of this situation, more than a specifically psychological help, the most significant help comes mainly from colleagues and the working community. They are seen as better able to understand a shared professional reality. However, help provided by the parents themselves is not less important.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Sharing the experience of death, thanks to reciprocity in exchanges and intersubjectivity, proves essential, to restore meaning for fundamental human events, whether in birth or death.

EVIDENCE IF RELEVANT

Sometimes midwives have to face death at birth in their activity.

KEY MESSAGE

Midwives must be appropriately educated to face death at birth.

ICMBALI-0394 - Australian midwives and the lived experience of clinical investigation: a phenomenological exploration of the personal and professional impact/s

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BACKGROUND

Globally, mechanisms for midwifery regulation are designed to protect the public, but also frame investigation of midwives whose clinical practice allegedly falls below professional standards. Literature shows midwives are ill-equipped and unprepared for clinical investigation and report high levels of stress and abreaction.

OBJECTIVES

To understand the lived experience of Australian midwives as the subject of clinical investigation and identify the personal and professional impact/s.

METHODS

A qualitative study utilising semi-structured interviews of a purposive sample of Australian midwives (n = 12) who were the subject of clinical investigation. A phenomenological conceptual framework informed data collection and analysis.

RESULTS

Most investigations were instigated by employers for misconduct or negligence. Two investigations arose from complaints by women. Participants experienced sequential investigations with health services, state and national bodies (each with varying powers and processes) over protracted time periods up to 5 years. Major essences/themes of the phenomena of investigation included being safe; being connected; time and being; perception and well-being. Participants found the process prolonged, disrespectful and inequitable. They experienced powerlessness, silencing, ostracisation with sustained and sometimes severe disruption to personal/professional well-being. Some developed resilience through reflection on clinical practice in safe environments and a sense of identity outside midwifery. Midwives who broke 'codes of silence' and connected with personal and professional supports better maintained their well-being.

CONCLUSIONS

The regulatory processes, designed to protect the public, may be harming midwives. The well-being of the midwife under investigation needs to be considered alongside the well-being of the woman and her family. Strategies to support midwives under investigation and prepare midwives for this potential, should underpin midwifery education, practice, management, policy and regulatory reform in each jurisdiction.

KEY MESSAGE

Midwives are ill-equipped and unprepared for clinical investigation. Global understanding of midwives' experiences of investigation needs to inform education, practice, management, policy and regulatory reform.

ICMBALI-2047 - A framework to support midwives and managers following an adverse event in medicines management

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1 *BHSCT, Royal Jubilee Maternity Hospital, Belfast, United Kingdom*

PURPOSE

Medicines Management is a fundamental aspect of midwifery practice which requires thought, professional judgement and knowledge of human factors. Although there was a system in place within this maternity service to detect, report and monitor drug errors and omissions there was no consistent framework to support Midwives and Managers following adverse events in Medicines Management.

DISCUSSION

A midwifery implementation group was convened to review; current Medication practice, supportive processes and local and regional medication safety and competency tools. The midwifery Education Team developed a Medicines Management Resource Pack which included a Midwifery Medicine Error/Omission Discussion Template, Medication Adverse Event Investigation, Analysis and Reflection Tool, Competency Assessment and Retrospective Audit Tools. Within the resource there was a guidance brief provided for both Midwives and Managers. Focus groups with Midwives and Managers facilitated valuable feedback, considered the implementation and planed a local launch to showcase the framework. The resource was successfully piloted and disseminated via learning lunches, safety Briefs, team meetings, Multidisciplinary Forums and Clinical Audit and has been fully embedded in clinical practice, embraced by Midwives and welcomed by Managers.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Medicine Errors/Omissions trigger an adverse incident report, Managers and Midwifery Educators are informed and facilitate face-to-face discussion with Midwife involved. The framework is implemented providing a timely consistent and equitable approach to Medicines Management which supports reflection, provides robust investigation, analysis and action planning, competency assessment and follow up audit of practice. The resource consists of four supportive pathways dependant on the nature of the medication error and specific to the individual midwives knowledge, skill and competency base. The framework has been positively evaluated resulting in medicines champions within the service, ultimately improving safety for mothers' and babies.

KEY MESSAGE

Providing a standardised supportive medication framework has led to improved adherence, minimised opportunity for error and is an example of promoting best practice.

Room 7

CONCURRENT SESSION: CLINICAL INCIDENTS

ORAL PRESENTATION

ICMBALI-0689 - Exploring the impact of an adverse clinical incident and its associated processes on midwifery practice: a phenomenological study

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BACKGROUND

Modern healthcare is subjected to numerous processes around risk, governance, quality and safety, and midwives work within a highly litigious area of health and professional regulation. It is therefore important to understand midwives' experiences of incidents relating to their clinical practice and the impact any associated processes may have on them both personally and professionally.

OBJECTIVES

The study aimed to explore the impact of an adverse clinical incident (ACI) and its associated processes on midwifery practice. It explored the 'lived' experience of midwives following an adverse clinical incident, by asking; how do midwives perceive the experience of an adverse clinical incident and its associated management processes?

METHODS

The extensive literature review considered a variety of studies across healthcare systems and professionals, noting recurring themes of negative feelings such as, self-doubt, self-blame, guilt, stress, shame, fear, being judged, feeling vulnerable and anxiety. The study occurred within a large maternity unit in Scotland following ethical approval.

A qualitative interpretative phenomenological study, with a purposive sample of 3 midwives was undertaken via in-depth semi structured interviews; with data analysis undertaken based on a stepped approached to thematic analysis developed by Colaizzi (Colaizzi, 1978 cited in Sanders, 2003; Colaizzi, 1978 cited by Moule and Goodman, 2014).

RESULTS

There were 3 themes generated from the data analysis:

- Support from Employer
- Emotional Distress
- Professional Impact

CONCLUSIONS

This study provides important contribution to the under researched experiences of midwives who have faced an ACI. It has highlighted the emotional distress that midwives experience and the lack of support available to them. There are some key recommendations for improvements for maternity services.

KEY MESSAGE

Reviewing current incident processes in partnership and addressing the gaps will ensure that midwives are supported in all aspects of practice and that incident processes are focused on support, learning and improvement as opposed to individual fault.

Room 8

CONCURRENT SESSION: MIDWIFERY ASSESSMENT

ORAL PRESENTATION

ICMBALI-1399 - Implementation of Growth Assessment Protocol (GAP) for early detection and management of Small for Gestational Age (SGA) babies during the DESiGN trial: a process evaluation

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2 *King's College London, Faculty of Life Sciences and Medicine, London, United Kingdom*
3 *St George's- University of London, Department of Maternal-Fetal Medicine, London, United Kingdom*

BACKGROUND

The Growth Assessment Protocol (GAP) intervention was designed to improve detection and clinical management of 'small for gestational age' (SGA) babies. The DESiGN trial aimed to test the GAP approach using a cluster RCT design. We conducted a process evaluation to examine the implementation of GAP during the DESiGN RCT.

OBJECTIVES

GAP is a complex intervention, involving training of staff, generation of customised antenatal growth charts, standardised fetal growth assessments and a protocol to manage detection of suspected SGA. The DESiGN trial process evaluation aimed to understand the barriers and facilitators to implementing GAP, and compare this to care designed to increase detection of SGA provided by 'control arm' hospitals during the DESiGN trial.

METHODS

Following Steckler and Linnen's framework, this mixed methods evaluation examined the following aspects of implementation: Process, Fidelity, Adaptations, Dose and Reach. The evaluation involved the thirteen NHS maternity care units in England which were participating in the DESiGN trial. We used quantitative measures to examine number of staff trained, proportion of women who received the intervention and fidelity to the GAP protocol. Qualitative interviews with staff (midwives, doctors, ultrasonographers, managers) and women explored feasibility and acceptability of the GAP approach. Ethical approval was obtained through the HRA (Ref. 15/LO/1632).

RESULTS

Adherence to the GAP protocol varied at intervention sites; different teams used a range of approaches to train staff and introduce the new ways of measuring and detecting SGA. Staff valued elements of the GAP approach, but thought it may increase ultrasound scanning, and were not always persuaded this was a good or effective use of resources.

CONCLUSIONS

Implementation of new approaches can vary considerably across organisations, and this may impact upon the effectiveness of clinical interventions.

KEY MESSAGE

Process evaluations are a valuable way of documenting variations in implementation of a complex intervention, and can help interpret findings from RCTs.

ICMBALI-0614 - The impact of place of birth on midwives' decision-making for fetal heart rate monitoring for low risk women

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1 *Victoria University of Wellington, Graduate School of Nursing- Midwifery and Health, Wellington, New Zealand*
2 *University College of Northern Denmark- Aalborg- Denmark, Department of Midwifery, Aalborg, Denmark*
3 *University of Brisbane, Stillbirth CRE, Brisbane, Australia*
4 *Faculty of Health Sciences- OsloMet, Department of Nursing and Health Promotion, Oslo, Norway*

BACKGROUND

Listening to the fetal heart rate during labour is important for determining fetal well-being. Intermittent auscultation is safe and effective for low-risk women. International guidelines have incorporated this evidence. However, many midwives working in obstetric-led units use continuous electronic fetal heart monitoring, even for low-risk women.

OBJECTIVES

We explored midwives' perspectives of intermittent auscultation of the fetal heart during labour for low risk women in four different countries with similar midwifery models of care (New Zealand, Australia, Denmark and Norway).

METHODS

Focus groups were conducted with midwives who cared for low risk women in obstetric-led units and midwife-led units. Data were analysed using constant comparative method. Ethical approval was obtained.

RESULTS

Midwives in each country considered intermittent auscultation, either with a Pinard stethoscope or a handheld Doppler device, to be evidence-based and the preferred option for fetal heart monitoring during labour for low risk women. Decision-making for the use of intermittent auscultation was impacted by place of birth (obstetric-led unit or midwife-led unit). Midwives caring for low risk women in midwife-led units trusted normal physiological birth and intermittent auscultation was the method of fetal heart monitoring. These midwives were skilled and confident in their practice. However, intermittent auscultation was not supported for low risk women birthing in an obstetric-led unit. Increased pressure to use cardiotocography both on admission and during labour meant low risk women in obstetric-led units were exposed to a higher level of unnecessary interventions. Midwives were becoming deskilled at performing intermittent auscultation.

CONCLUSIONS

More research is needed to support the validity and reliability of intermittent auscultation of the fetal heart for low risk women during labour and as a competency for midwives regardless of place of birth.

KEY MESSAGE

Intermittent auscultation is the appropriate fetal heart monitoring during labour for low risk women in any birth setting.

Room 8

CONCURRENT SESSION: MIDWIFERY ASSESSMENT

ORAL PRESENTATION

ICMBALI-1806 - Preventing urinary retention following childbirth using risk assessment, pathways of care and bladder scanning

H. Watson[1], *A. Zawislak*[1], *S. Thomas*[1]

1 *Belfast Health and Social Care Trust, maternity, Belfast, United Kingdom*

BACKGROUND

The rates of postpartum urinary retention (PPUR) varies extensively in the literature, with some of the documented incidences ranging from 0.05 to 37 % (Lim 2010). Therefore, detection of women who are at risk might further prevent PPUR occurring and its complications, which can be significant, but more importantly has the potential to cause irreversible damage to bladder function (Cavkaytar et al 2014).

OBJECTIVES

The overall aim was to assess the risk factors that can predict the occurrence of PPUR in women following childbirth, and to change the management of PPUR.

METHODS

A new risk assessment tool for bladder care and 3 bladder care pathways were devised and launched in April 2018, with awareness training provided to midwifery staff in Royal-Jubilee Maternity Service (RJMS). This built on previous training that the midwifery staff had received on the use of bladder scanning in assessing PPUR.

RESULTS

Initially, following implementation of the new risk assessment tool and the pathways revealed there was an increase in the number of women discharged home, with a self retaining catheter (SRC) insitu. Closer analysis of each individual case revealed that there was an increase in the number of false positives of PPUR, but more importantly, alongside these false positives, the 'true' cases of PPUR were identified, assessed and managed appropriately.

CONCLUSIONS

One year on from implementation of the new guidance, the number of women being discharged home with an SRC insitu for management of PPUR is reduced, which can be attributed to improved knowledge of risk factors that predispose women to PPUR, and management of urinary retention.

KEY MESSAGE

The improved skills of the midwifery staff using the newly developed guidance on bladder care and scanning has proved to be beneficial in both assessing the risk of PPUR and preventing any long term complications to the women within our service.

ICMBALI-0667 - Impact of maternal height on birthweight classification – a cohort study in midwifery care in the Netherlands

B. Zeegers[1], *M. Nieuwenhuijze*[1], *P. Offerhaus*[1]

1 *Zuyd University, Research Centre for Midwifery Science Maastricht, Maastricht, Netherlands*

BACKGROUND

The Dutch birthweight (Hoftiezer) and INTERGROWTH charts are prescriptive birthweight charts used to establish birthweight percentiles and identify newborns who are small-for-gestational age (SGA) or large-for-gestational age (LGA). In the development of these charts, cases with risk factors for abnormal fetal growth were excluded to determine values for optimal growth. The percentiles in these charts are gender specific. However, the assessment of newborns as SGA (e.g. < p10) or LGA (e.g. > p90) is not corrected for maternal height, despite the strong relation of neonatal anthropometric data and maternal height.

OBJECTIVES

The aim of the study is to explore the effect of maternal height on birthweight classification as SGA and LGA using the cut-off points of the current Dutch birthweight chart and INTERGROWTH chart.

METHODS

Data (n = 9,192) were extracted from 25 Dutch midwifery practices (November 2012 – February 2019), routinely collected during care. Inclusion: term births from healthy, non-smoking pregnant women with a normal body mass index between 18.5 kg/m^2 and 25.0 kg/m^2 and spontaneous onset of labor. SGA and LGA classification of birthweight was stratified by maternal height: 153–157, 158–162, 163–167, 168–172, 173–177, 178–182 and 183–188 cm.

RESULTS

Incidence of SGA and LGA using the Dutch birthweight chart for the total cohort is respectively 7.1 % and 8.5 %. Newborns of taller women are less often classified as SGA than newborns of shorter women (range from 2.0 % in category 183–188 cm to 17.4 % in category 153–157 cm). Newborns of taller women are more often classified as LGA than newborns of shorter women (range from 21.5 % in category 183–188 cm to 1.9 % in category 153–157 cm). Similar trends in SGA and LGA rates are found using INTERGROWTH.

CONCLUSIONS

Maternal height has a strong influence on classification of birthweight as SGA and LGA.

KEY MESSAGE

The use of birthweight percentile charts stratified by maternal height should be considered.

ICMBALI-1764 - Implementing gestational diabetes mellitus guidelines in maternity services: a qualitative study of perceived barriers

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2 *Cardiff University, School of Healthcare Sciences- College of Biomedical and Life Sciences, Cardiff, United Kingdom*

BACKGROUND

In Oman, gestational diabetes mellitus is an increasingly common complication of pregnancy, with the prevalence estimated to have risen from 5.7 % in 2013 to 7.2 % in 2014 and 13.6 % in 2016. Gestational diabetes mellitus is associated with increased risk of adverse perinatal outcomes. Guidelines for the screening and diagnosis of gestational diabetes mellitus were distributed to all Omani healthcare institutions in 2010 and revised in 2015. Anecdotal evidence indicated considerable variability in the implementation of the guidelines.

OBJECTIVES

This study explored barriers to the implementation of gestational diabetes mellitus screening guidelines in primary healthcare settings in Muscat.

METHODS

Ten face-to-face semi-structured interviews with healthcare professionals working in two antenatal clinics in Muscat. Participants were a purposive sample who work closely with pregnant women such as midwives, nurses and General Practitioners. Ethical approval was granted from all necessary institutions.

RESULTS

Thematic analysis indicated three themes included organisational barriers; poor inter-professional communication that were evident in both clinics, and confusion and lack of understanding that was evident in one clinic. These barriers presented challenges to accurate implementation of the gestational diabetes mellitus guidelines.

CONCLUSIONS

Findings provide contribution to body of knowledge in compliance to screening of gestational diabetes guidelines in primary healthcare services in Muscat. These findings may be used to improve the gestational diabetes mellitus screening services for pregnant women in Muscat. Improved implementation of the guidelines may be achieved by encouraging life-long learning training and updating of healthcare professionals in current trends in screening for gestational diabetes mellitus and monitoring and evaluation.

KEY MESSAGE

Further research would be required to evaluate the implementation of gestational diabetes mellitus guidelines across the primary healthcare institutions in Oman. Research towards effective compliance of the GDM guidelines among the pregnant women.

ICMBALI-0712 - Supporting exclusive breastfeeding among women with gestational diabetes (GDM)

L. Cummins[1], *V. Wilson*[2], *S. Meedya*[3]

1 *University of Wollongong, Maternity Services- Illawarra Shoalhaven Local Health District, Wollongong, Australia*
2 *UOW, Nursing, Wollongong, Australia*
3 *University of Wollongong, Nursing, Wollongong, Australia*

BACKGROUND

Although initiation and continuation of exclusive breastfeeding to six months has been recommended by the World Health Organization (WHO), women with Gestational Diabetes (GDM) and their babies have a high risk for formula supplementation while they are in the hospital.

OBJECTIVES

To identify factors that influence exclusive breastfeeding rates on discharge from hospital for women with GDM.

METHODS

An online literature search was conducted in Medline, Scopus, Pubmed, CINAHL and Cochrane Database for relevant papers published between January 2010 and March 2020. The main key words were: diabetes, gestational diabetes and breastfeeding.

RESULTS

Twenty seven studies out of 1936 papers were included in the study. The influencing factors were grouped into two major categories: personal and institutional factors. Personal factors such as age, education, income, marital status and ethnicity were not modifiable, however, women's knowledge, attitudes, beliefs, intention, confidence and social support toward breastfeeding may be able to be influenced. Institutional factors included antenatal education, breastmilk expression, type of birth, professional support, initiation and frequency of breastfeeding, and minimising separation of mother and baby through neonatal hypoglycaemia.

CONCLUSIONS

Personal and Institutional factors have been used independently to improve rates of breastfeeding, however limited evidence exists in the literature that have had significant results. A multi-level, woman-centred approach must be adopted for institutions to support and educate women to improve exclusive breastfeeding rates on discharge from hospital for women with GDM.

KEY MESSAGE

By identifying personal and institutional factors, health care professionals can provide extra support to women with GDM who are at risk of formula supplementation. Person-centred approaches are required to develop new ways to support these women to exclusively breastfeed on discharge from hospital.

ICMBALI-1435 - Experiences of midwifery-led care for women diagnosed with gestational diabetes in the antenatal clinic – a qualitative study

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2 *Nepean hospital, Maternity, Sydney, Australia*

BACKGROUND

The incidence of Gestational Diabetes Mellitus (GDM) is on the rise due to changes in demographics (maternal age, obesity, ethnicity, hereditary and hormone antagonists), and routine universal screening of GDM for all pregnant women between 24–28 weeks as per the antenatal care guidelines. At Nepean, the women are divided into two groups pending on their results; low range or high range. The results from the diagnosis assume that women in the low range group would be able to continue with their usual care provider at a hospital clinic while managing their glucose level through diet alone. There is limited research focused on the midwives' perception in providing antenatal care to women with gestational diabetes (diet control).

OBJECTIVES

The aim of the study is to gain an understanding of midwives' perceptions in providing care to women with GDM, in order to ascertain if further education and support is required.

METHODS

This is a qualitative exploratory study that explores midwives' experiences and levels of confidence and education about providing information to pregnant women with gestational diabetes. This is a qualitative exploratory study that explores midwives' experiences and levels of confidence and education about providing information to pregnant women with gestational diabetes. The overarching question will be: What are the lived experiences of midwives providing antenatal care for women with gestational diabetes?

RESULTS

Midwives have identified the need for education whilst working with women with gestational diabetes.

CONCLUSIONS

This study provides evidence about the need for ongoing education for midwives working with women with gestational diabetes.

KEY MESSAGE

It is imperative that further research be conducted in order to ascertain the needs of midwives in order to continue to provide women-centred care in confidence. Midwives have a pivotal role in providing care for women with gestational diabetes.

ICMBALI-2158 - The use of a novel pre-screening intervention in gestational diabetes management (GDM) and family care in Ghana

L. Walker[1], P. Gyasi-Antwi[1], S. Okyere[2], K. Salt[3], E. Eduful[4], E. Baffour-Agyei[5], I. Shaw[2], O. Sarfo-Kantanka[6], G. Adams[1]

1 *University of Nottingham, School of Health Sciences, Nottingham, United Kingdom*
2 *University of Nottingham, School of Sociology and Social Policy, Nottingham, United Kingdom*
3 *University of Nottingham, Cultures- Languages & Area Studies, Nottingham, United Kingdom*
4 *Korle Bu Teaching Hospital, Dietherapy, Accra, Ghana*
5 *Centre for Pregnancy and Childbirth Education, CePaCE, Accra, Ghana*
6 *Komfo Anokye Teaching Hospital, Diabetes and Endocrinology, Kumasi, Ghana*

BACKGROUND

Gestational diabetes mellitus (GDM) is defined as glucose intolerance with onset or first recognition during pregnancy. Evidence suggests that diabetes in all forms is on the rise. Approximately 18.4 million pregnant women were diagnosed with GDM in 2017. This indicates that circa 14 % of pregnancies worldwide are affected by GDM annually. Although GDM increases the risk of maternal and neonatal morbidities, the global prevalence rates and management of the disease, particularly in Sub-Saharan Africa, remain uncertain.

OBJECTIVES

Using mixed quantitative and qualitative methods, a novel pre-screening intervention in GDM management was piloted in Ghana with the aim of reducing the risk of developing GDM and its adverse outcomes for women and their families.

METHODS

Recruitment of multigravidae women previously diagnosed with GDM (Cohort 1) was carried out through pop-up centres in the ethnically diverse areas of Madina, Tema, La Paz, Kaneshie and Kumasi. For the first time, education, diet and exercise packages were delivered to Cohort 1. With support from the healthcare team and using local community knowledge, members of Cohort 1 identified women, who plan to become pregnant for the first time within the subsequent 12 months – hereafter referred to as Cohort 2. Members of Cohort 2 were screened for glucose levels and mentored by Cohort 1 members, who shared educational, sociological, nutritional and physical information to the new mothers.

RESULTS

Preliminary data from 80 Cohort 1 participants indicated a very low knowledge base of GDM, non-existent national policy on GDM pre-screening, and gaps in the use of interventions such as diet and lifestyle modifications to address the disease.

CONCLUSIONS

The findings from this work will be of direct health benefit to all pregnant women and mothers who become part of this study and also inform medical practitioners, educators and policy makers about strategies and interventions in the management of GDM.

KEY MESSAGE

GDM

Wednesday, 9 June, 04:30 PDT
Parallel sessions 3

Room 1 (INTERPRETATION)

PARTNER FUNDED SESSION: WHO: TRANSFORMING THE CARE OF SMALL AND SICK NEWBORNS: WHY, HOW AND WHO – THE ESSENTIAL ROLE OF A MULTIDISCIPLINARY TEAM WITH NEONATAL COMPETENCIES

WHO: Transforming the care of small and sick newborns: why, how and who – The essential role of a multidisciplinary team with neonatal competencies

Olive Cocoman (Switzerland)
Elizabeth Iro (Switzerland)
Tedbabe Hailegebriel (USA)
Sarah Moxon (United Kingdom)
Assumpta Muriithi (Democratic Republic of the Congo)
Ornella Lincetto (Switzerland)
Karen Walker (Australia)
Rajesh Mehta (India)
Andre Ndayambaje (Rwanda)
Silke Mader (Germany)

No country has reduced newborn mortality below the SDG 3.2 target of 12 or fewer newborns deaths per 1000 live births, without addressing the systematic provision of special and intensive neonatal care. A change of paradigm is crucial to ensure the provision of quality care for the 30 million small and sick newborns that require hospital care health annually, and moreover to ensure the systematic provision of this care in LMICs. The newborn health 2020 paradigm requires breaking new ground including zero-separation between newborns and mothers from birth, and guaranteed shared responsibility and tasks in the care of the newborn with the involvement and empowerment of families. The role of midwives and neonatal nurses in transforming newborn care is central for saving lives, preventing disabilities, and protecting and promoting neurological development.

The 90-minute session will begin with an interactive Zoom Poll on the latest evidence on small and sick newborns.

Part 1 proceed with the presentation of the latest data on the need, evidence for action with the 2020–2025 coverage targets and milestones of the Every Newborn Action Plan and the core findings of the WHO and UNICEF report Survive and Thrive: Transforming care for small and sick newborns (2019).

Hot off the press are the Standards for improving the quality of care for Small and Sick Newborns in health facilities released in September 2020 and a new Human Resource strategies for improving newborn care in health facilities in low- and middle-income countries (November 2020). These new technical resources are a concerted effort to set evidence-based recommendations on the prevention, care, required skills and support for optimal preparedness and response to the needs of newborns at risk of death and disabilities, and will be presented.

In Part 2, partner experiences and key lessons learned from effort by various stakeholders globally, in regions and countries, including midwives, nurses and parents will help highlight and guide the way forward to transform newborn care.

Room 2

CONCURRENT SESSION: RETENTION OF MIDWIVES

ORAL PRESENTATION

ICMBALI-0718 - Burnout among Norwegian midwives and the contribution of personal and work-related factors – a cross-sectional study

L. Henriksen[1], *M. Lukasse*[1]

1 *Oslo Metropolitan University, Department of Nursing and Health Promotion, Kjeller, Norway*

BACKGROUND

Burnout can be the result of long-term exposure to personal and/or work-related stressors and affect midwives performance of care.

OBJECTIVES

To assess burnout levels among Norwegian midwives and identify personal and work-related factors associated with burnout.

METHODS

This was a cross-sectional study. A total of 1500 Norwegian midwives were sent a questionnaire which included the Copenhagen Burnout Inventory (CBI) that measured personal, work- and client-related burnout. Of 1458 eligible midwives, 598 completed the CBI. Descriptive and comparative analyses were done in addition to logistic regression modeling.

RESULTS

Approximately 20 % of the midwives reported personal or work-related burnout. Less than 5 % reported client-related burnout. Midwives with sick leave within the last three months reported higher levels of burnout. The prevalence of work-related burnout was higher among younger and single midwives. Working in outpatient care and experience of a recent reorganization increased the likelihood of reporting personal and work-related burnout.

CONCLUSIONS

One in five midwives had high levels of personal and work-related burnout in this study and the different sub-groups of burnout were all associated with absence from work within the last three months. Work-related factors such as shift work and number of working hours did not seem to influence burnout in this population.

KEY MESSAGE

- Approximately 20 % of the midwives reported personal and work related burnout and less than 5 % reported client related burnout.
- Midwives with a sick leave within the last three months reported higher levels of burnout.
- Experience of recent re-organisation was associated with work related burnout.
- Being married/cohabitant and over 60 years old were protective factors against burnout.

Room 2

CONCURRENT SESSION: RETENTION OF MIDWIVES

ORAL PRESENTATION

ICMBALI-0941 - I love being a midwife: It's who I am – why midwives stay in midwifery

D. Bloxsome[1], *S. Bayes*[1], *D. Ireson*[2]

1 *Edith Cowan University, School of Nursing and Midwifery, Perth, Australia*

2 *Edith Cowan University, School of Nursing and Midwifery, Bunbury, Australia*

BACKGROUND

In recent years, midwifery shortages and the trend towards an inability to retain midwives in the profession has been highlighted as a global problem. Research has been undertaken into why midwives leave the profession; however, there is minimal research to understand why midwives choose to stay in the profession. Understanding why midwives choose to stay will enable the implementation of effective midwifery staff retention strategies.

OBJECTIVES

The overall aim of this study is to understand the theoretical underpinning of why Western Australian (WA) midwives chose to remain in their profession.

METHODS

This study was undertaken using Glaserian Grounded Theory methodology. In-depth interviews were undertaken with fourteen midwives currently providing midwifery care in the clinical area.

RESULTS

The core category derived from the data was labelled - 'I love being a midwife: It's who I am'. Two interrelated categories emerged from the data; why midwives stay in midwifery and the factors that enable them to stay. Eight major sub-categories explicate the findings in this study.

CONCLUSIONS

The data shows that midwives' ability to be 'with woman' and the difference they feel they make to them, the people they work with, as well as the opportunity to 'grow' the next generation together underpin the reasons why midwives stay in the profession. The identification of the reasons midwives stay is imperative to the recruitment, sustainability and longevity of the midwifery profession.

KEY MESSAGE

Identification of the reasons why midwives stay in midwifery is imperative to the recruitment, sustainability and longevity of the profession.

Room 2

CONCURRENT SESSION: RETENTION OF MIDWIVES

ORAL PRESENTATION

ICMBALI-1142 - Midwives with midwives: how better communication between midwives impacts their wellbeing and leads to empowerment for women

J. Damoiseaux[1], *E. Rún Kjartansdóttir*[2], *H. Lóa Guðmundsdóttir*[2]

1 *Zuyd Hogeschool, Academie Verloskunde Maastricht, Maastricht, Netherlands*

2 *University Hospital of Iceland, Department of Midwifery, Reykjavik, Iceland*

PURPOSE

Midwives have unconditional respect and empathy for their patients, but literature has shown that they do not always hold the same values for each other. Lack of support from colleagues, poor communication, negative workplace culture, and inter-professional conflicts can negatively affect midwives' wellbeing and cause work-related psychological distress. This in turn affects job efficiency and satisfaction as well as patient safety and quality of care. Especially in maternity care, where collaboration with colleagues is of high importance, good communication plays a crucial role.

DISCUSSION

A survey was conducted at the Nordic Federation of Midwives Congress in May 2019. The results show that over 60 % of midwives have experienced communication/collaboration with other midwives that left them feeling "powerless." Examples included "being reprimanded in a common area for a minor mistake," "bullying," "colleagues doubting my decisions," "judging each other's deliveries," "talking behind my back," and "being blamed for a bad outcome." Almost 40 % reported that these communication barriers affected the care of their patients. While 80 % also reported having experienced communication/collaboration that was empowering, 100 % found the topic of improving intercollegial communication "very important" or "important."

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

These results show that there is a critical gap in our midwifery practice that must be addressed. Midwives with Midwives raises awareness of this problem and will provide practical tips to turn communication barriers into opportunities for better collaboration.

KEY MESSAGE

One survey response sums up this neglected issue: "We [midwives] are not nice to each other enough." Better communication can strengthen our position in maternity care – empowering ourselves, our colleagues, and our patients.

ICMBALI-1238 - Burnout, attitudes towards professional role and intention to leave the workplace and/or profession among midwives working at a tertiary maternity service in Melbourne, Australia

R. Matthews[1,2], R. Hyde[1,2,3], F. Llewelyn[4], T. Shafiei[2], M. Newton[2,3], T. Farrell[5], D. Forster[1,2]

1 *The Royal Womens' Hospital, Midwifery and Maternity Services Research Unit, Melbourne, Australia*
2 *La Trobe University, Judith Lumley Centre, Bundoora- Melbourne, Australia*
3 *La Trobe University, School of Nursing and Midwifery, Bundoora- Melbourne, Australia*
4 *Royal Womens' Hospital, Clinical Education, Melbourne, Australia*
5 *State Government of Victoria, Safer Care Victoria- Department of Health & Human Services, Melbourne, Australia*

BACKGROUND

Increasing evidence suggests burnout and factors impacting negatively on midwives' professional role may affect potential career longevity, but little are known of what factors affect burnout and role satisfaction.

OBJECTIVES

To explore midwives' burnout, attitudes towards professional role and intention to leave the workplace and/or profession, and investigate factors contributing to these outcomes.

METHODS

An online cross-sectional survey of midwives working at a tertiary maternity service in Melbourne, Australia was conducted in January 2017. This analysis uses data from the Copenhagen Burnout Inventory (explores personal, work-related and client-related burnout), Midwifery Process Questionnaire (measures professional satisfaction, professional support, client interaction, and professional development), and from questions on work intentions. Data were summarised using descriptive statistics.

RESULTS

There was a 96 % (255/266) response rate. Overall, 67 % of respondents were experiencing personal burnout, 49 % had work-related burnout, and 9 % had client-related burnout. Midwives who were 0–5 and 6–10 years post registration had higher rates of personal and work-related burnout (76 %, 65 % and 71 %, 60 % respectively) compared with those who were >10 years post registration (48 %, 34 %). Overall 39 % of midwives were considering leaving the workplace and 21 % the profession. Those with *personal* burnout were more likely to consider leaving the profession (60 % vs 36 %) than those without. Those with *work-related* burnout were more likely to be considering leaving the workplace than those without (86 % vs 63 %). Midwives < 10 years post registration had lower rates of satisfaction compared to those >10 years.

CONCLUSIONS

The high levels of burnout and lower levels of role satisfaction among many midwives particularly in those registered < 10 years is concerning and likely to affect workforce retention.

KEY MESSAGE

Workforce strategies need to be targeted at addressing burnout and increasing role satisfaction specifically for those < 10 years post registration.

Room 3

WORKSHOP: THE IMPORTANCE OF SIMULATION-BASED TRAINING, TEAMWORK AND DECISION-MAKING FOR SAFE MANAGEMENT OF COMPLICATIONS DURING LABOUR AND BIRTH

ICMBALI-2007 - The importance of simulation-based training, teamwork and decision-making for safe management of complications during labor and birth

A. Reta[1], J. Varallo[2], C. Evans[3], L. Fitzgerald[3], P. Johnson[4], F. Heuck[5], T.I. Garvik[5], A. Af Ugglas[5]

1 *Laerdal, Global Health, Stavanger - Norway, Ethiopia*
2 *Jhpiego, Safe Surgery, Baltimore, USA*
3 *Jhpiego, Maternal and newborn health, Baltimore, USA*
4 *Jhpiego, Nursing and Midwifery global learning, Baltimore, USA*
5 *Laerdal, Laerdal Global Health, Stavanger, Norway*

THE LEARNING OUTCOMES

Globally, five billion people do not have access to safe, affordable surgery when they need it. Caesarean birth is the most common major surgery among women. Of 300,000 + maternal deaths globally every year, more than 100,000 could be averted by improved labour management, timely decision-making and surgical interventions when it is needed. Increased access to caesarean birth could also reduce neonatal mortality by 30–70 %. Midwife led labour management helps avoid the problem of "too much, too soon and too little, too late" and decrease the unnecessary caesarean sections and other interventions. Evidence suggests that team-based, hands-on and onsite in-service training is most effective in improving care. A partnership between Jhpiego and Laerdal Global Health – through the Helping Mothers Survive and Safe Surgery programs – employs simulation-based, team training to strengthen teamwork, communication, and complex decision-making. These critical skills are needed to provide respectful, woman centred care and timely decision- making to provide, life-saving care to women and newborns at birth. Participants of this workshop will have an opportunity to experience the importance of communication and team-based training, in the continuum of care during labour and childbirth.

OBJECTIVES

After the session, participants will be able to:

1. Explain the benefit of team based, hands-on and competency-based training approach.
2. Explain the criteria that must be met in order to attempt vacuum assisted delivery.
3. Describe the importance of active monitoring, early and accurate identification of complications in labour, and
4. Discuss the importance of effective teamwork and communication during labour and birth including management of complications such as referral to surgical care.

THE ACTIVITIES AND SESSION STRUCTURE

The total workshop session will be 60 minutes. The first 15 minutes introduction will focus on the importance of teamwork, communication, and decision making in labour management followed by 10 minutes each of the following:

- Introduction to Essential Care during Labour and Birth (ECL&B) training programme followed by a demonstration on normal labour management.
- Introduction and demonstration on Vacuum Assisted Delivery training programme with demonstration of the same.
- Introduction on labour monitoring and complication management including shared decision-making, referral to surgical care and use of the WHO Surgical Safety Checklist.
- Summary of the session, discussion, Q&A and reflection.

AUDIENCE PARTICIPATION

1. Participants interested in midwifery, maternal and newborn health, training and education as well as programme development are invited to the session.
2. Participants will need access to zoom meeting platform to be able join the session
3. Participants will attend the session virtually and allowed to interact with presenters by sending live written questions.
4. Facilitators will work in teams and demonstrate the skills virtually.

REFERENCES

[1] Meara JG, Leather AJ, Hagander L, et al. 2015. Global Surgery 2030: evidence and solutions for achieving health, welfare, and economic development. Lancet. 386(9993):569–624. doi: 10.1016/S0140–6736(15)60160-X

[2] Betrán AP, Temmerman M, Kingdon C, et al. 2018. Interventions to reduce unnecessary caesarean sections in healthy women and babies. Lancet. 392:1358–68

[3] Bluestone J, Johnson P, Fullerton J, Carr C, Alderman J, BonTempo J. 2013. Effective in-service training design and delivery: evidence from an integrative literature review. *Hum Resour Health* 11:51. doi:10.1186/1478–4491–11–51.

Room 4

SYMPOSIUM: MIDWIFE-LED CARE IN LOW-AND MIDDLE-INCOME COUNTRIES

ICMBALI-0479 - Midwife-led care in low-and middle-income countries

M. Michel-Schuldt[1], *S. Amin*[2], *S. Rahman*[2], *B. Mortensen*[3], *K. Atieh*[4], *M.K. Subah*[5]

1 *University of Technology Sydney, Faculty of Health, Mainz, Germany*
2 *BRAC University, James P Grant school of Public Health, Dhaka, Bangladesh*
3 *University of Oslo, Medical Faculty, Oslo, Norway*
4 *Ministry of Health, Nursing and midwife department, Nablus, State of Palestine*
5 *Jhpiego, Liberia, Monrovia, Liberia*

PURPOSE OF THE SYMPOSIUM

Implementation of evidence-based midwife-led care in low- and middle-income countries has the potential to provide sustainable solutions to meet the need for quality of care in maternal and neonatal health and wellbeing. Rigorous research on this model of care in high-income countries shows that it is effective and that it should be offered to most women as it provides multiple benefits for childbearing women and their newborns. A limited number of studies and good practice examples on midwife-led models of care from low- and middle-income countries across the globe show promising results.

1ST PRESENTATION

Michel-Schuldt: "Midwife-led care in low-and middle-income countries – an overview"

Evidence from several systematically conduced reviews on outcomes and implementation of midwife-led care in low- and middle-income countries will form the basis of this introduction into the topic. Research findings show that midwife-led care might provide positive outcomes on maternal mortality and morbidity and increased women's satisfaction and empowerment, reduced interventions and improved quality of care. Investment in resources to develop enabling environments including policies and programmes to implement midwife-led models of care are urgently needed. Action is required to conduct robust research on midwife-led models of care countries with limited resources.

2ND PRESENTATION

Amin/Rahman: "Midwifery-led care centres: a new concept in Bangladesh"

BRAC University started its Midwifery-led centres (MLC) in an urban private setting within a BRAC maternity centre and in a remote rural government health care center where midwives are available 24/7 and provide respectful maternity care on their own during normal births. The concept to establish a MLC evolved from students' need to practice normal vaginal delivery and also to promote midwife-led services to the community. Moreover, respectful maternal and neonatal services provided by the midwives sensitise mothers to use alternative birth positions and pain relief techniques. The satisfaction of the mothers leads to reduction of unnecessary caesareans section.

3RD PRESENTATION

Mortensen/Atieh: "Implementing a Midwife-led model of Care within the Palestinian governmental health system – the process and influence"

A midwife-led case-load model of care was implemented within the Palestinian governmental health system between 2013 to 2016, in the occupied West Bank. The sustained model implies that midwives from six governmental hospitals provide outreaching antenatal and postnatal care to women in 37 rural villages. This will be presented using an implementation research approach involving three quantitative studies, one qualitative study and two external evaluations. The mixed methods enable a comprehensive presentation of the implementation process and the model's influence, based on the Quality Framework of Quality Maternal and Newborn Care.

4TH PRESENTATION

Subah: "Competent Midwives for Effective Midwifery-Led Care in Liberia"

Since the 1940s direct entry midwifery schools were introduced and midwife-led care has been the model in Liberia in which midwives autonomously perform all maternity tasks, except for surgical interventions. Between 2016–2019, a national curriculum was developed and approved by the regulatory body to ensure midwives are competent to provide midwife-led care. Additional to efforts during initial education of midwives, five hospitals use the Low dose high frequency (LDHF) training based on clinical standards to assure quality in midwife-led care. Findings show improvements in effective coverage in maternal health.

COMMON FOCUS

The philosophy behind midwife-led continuity of care is a care across the continuum within pregnancy, childbirth and in the post-partum period in which midwives are the lead professional. In this model of care, midwives form a partnership with women and take care of the newborn.

COHESION BETWEEN SECTIONS

First and overview based on systematic reviews will be presented to set the scene. This will be followed by the presentations from three different settings in different regions of the world: a good practice story on an urban private and rural public midwife-led centre in Bangladesh, research findings from the newly introduced midwife-led continuity of care model to provide safe care for childbearing women in rural areas of Palestine and another good practice example on the investment in quality of midwife-led care in Liberia, a low-income country in West Africa, recovering from civil war and the Ebola crisis.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Each presentation will provide an example that describes a unique context in which midwife-led care is provided and will enable the audience to transfer and compare it to their own country needs. This symposium could foster future investment into implementation of and research about midwife-led care in similar settings.

Room 5

CONCURRENT SESSION: MIDWIFE WELLBEING

ORAL PRESENTATION

ICMBALI-1229 - Mentorship: a promising in-service professional development approach for midwives in Lao Peoples Democratic Republic (PDR)

H. Catton[1], K. Phongsavan[2]

1 *Save the Children, Maternal and New born health, Luang Prabang, Lao People's Democratic Republic*

2 *University of Health Sciences Setthathirath Hospital, Department of Obstetrics and Gynecology, Vientiane Capital, Lao People's Democratic Republic*

BACKGROUND

Since 2009 the revival of the role of midwives in Lao PDR has made steady progress. There has been a large increase in the number of midwives trained and deployed to rural areas (1). Despite this, efforts to strengthen the quality of maternal and newborn health services, and increase access to skilled birth attendants has fallen short of expectations (2). While pre-service midwifery education in Lao is largely theoretical and often lacking sufficient time for hands-on clinical care experience, mentorship is a promising intervention to increase confidence and competence of midwives.

PURPOSE

To demonstrate how Save the Children, with USAID support, developed a mentorship approach as part of a primary health care program to provide sustained onsite clinical mentoring to strengthen midwives' competencies for maternal/newborn care in two provinces in Lao from 2016 to 2018.

PROJECT

In collaboration with health management teams, we trained clinical mentors at the provincial (17) and district level (40), who rolled out clinical mentorship in 12 hospitals and 45 health centers. Mentors used clinical checklist with relevant lifesaving steps to assess providers' performance during client – provider encounters, or with facility mannequins in small group role-plays. We compared results before and after interventions.

RESULTS/DISCUSSION

Among 50 midwives assessed, the proportion of midwives' passing MNH skills based on Objective Structured Clinical Examination increased from 24 % in September 2016 to over 50 % in December 2018. Greater skills improvement was observed among midwives working in health centers (7 % to 50 %). Similarly, from chart reviews the proportion of clinical interventions correctly performed improved; breastfeeding within one hour (34 % to 99 %), Skin to skin initiation (36 % to 97 %) and partograph completion (10 % to 79 %).

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

A relevant model for midwifery education in low resource settings.

KEY MESSAGE

Mentorship provides a sustainable model for in-service professional development.

Room 5

CONCURRENT SESSION: MIDWIFE WELLBEING

ORAL PRESENTATION

ICMBALI-0518 - There's no crying in midwifery: development of a facilitator training and program for midwifery support groups

H. El Asjadi[1], *L. El Amraoui*[2]

1 *Karel de Grote Hogeschool, Midwifery, Antwerpen, Belgium*

2 *Karel de Grote University College, Midwifery, Antwerpen, Belgium*

BACKGROUND

Midwives frequently experience impactful events. They are often unable to share this emotional and psychological burden. Therefore, a growing need exists for a safe platform to support each other and unload.

OBJECTIVES

The aim of this study is threefold: 1) identify emotional and psychological needs and map how support can be provided; 2) develop a facilitator training and program for midwife support groups; 3) evaluate the support groups.

METHODS

In phase 1 a descriptive qualitative design was conducted with a purposeful sample of midwives. Data of three focus groups (N = 17) were analyzed thematically by NVIVO 11. In the second phase, these qualitative results were combined with input of experts to develop a facilitator training and program for midwife support groups. This training and program were reviewed and fine-tuned in a trial with five potential facilitators. In phase 3, four facilitators were trained and pilot peer support groups were organized, which were evaluated by focus groups and individual interviews.

RESULTS

This study was conducted between September 2017 and September 2019. In the first phase, six themes emerged: stressors; need for a safety culture; psychological impact of emotional burden; supportive factors; expectations of midwife support groups; and expectations of the facilitator. After the trial in phase 2, the training was made more practical and less theoretical. In the third phase, four facilitators were trained and each of them organized three consecutive support groups (N = 20). Experienced support, positive reinforcement and shared experiences, helped participants cope with impactful events during their daily practice and increase their resilience.

CONCLUSIONS

Support groups are a promising medium to provide support and increase midwife resilience. Recruitment of midwives proved difficult, due to taboo. More research is needed to confirm these results and develop a fitting implementation strategy.

KEY MESSAGE

As one participant stated 'This feels like coming home'.

Room 5

CONCURRENT SESSION: MIDWIFE WELLBEING

ORAL PRESENTATION

ICMBALI-2248 - Addressing trauma within communities of midwives: healing circles as a strategy for building resilience

M.C. Farmer[1]

1 *Drexel University College of Medicine, Obstetrics and Gynecology, Philadelphia, USA*

PURPOSE

The work of a midwife demands empathy and requires that a midwife bear witness to traumatic events in patients' lives. The Healing Circle model provides a framework for processing difficult events in practice. Attendees will be able to 1- Discuss the impact of acute trauma and chronic stress on midwives and patients; 2- Describe the Healing Circle model and strategies for successful implementation; 3- Identify how a Healing Circle model can help develop resilience, identify best practices for self-care, and build a culture of support.

DISCUSSION

Narratives shared within the Healing Circle bring up common reactions to trauma faced in practice. In listening to one another, colleagues see their own experiences reflected in each other's narratives, creating community and connection. The Healing Circle can be a way for midwives to work through trauma and serves as a vehicle for support, as well as sharing of effective strategies for building resilience.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

The Healing Circle creates a space for safe sharing of personal narratives. The model draws on healing circles used in a myriad of cultural and spiritual traditions, and has been adapted to be easily incorporated into a healthcare environment or community-based setting. The specifics of the model – introducing the Healing Circle to participants, creating the right environment, setting group norms, guidance for facilitators, and ways to structure sharing of narratives – will be discussed.

EVIDENCE IF RELEVANT

Evidence suggests that midwives experience trauma in practice that negatively impacts their well-being, yet healthcare settings have not focused on addressing midwife/clinician trauma. Presenter will share lessons learned on how unaddressed trauma can deeply impair midwives' ability to provide sound care and lead to burnout.

KEY MESSAGE

Midwives experience both acute trauma and chronic stress in practice. A Healing Circle model provides a framework for sharing personal narratives that can help midwives process difficult events and complex emotions.

Room 5

CONCURRENT SESSION: MIDWIFE WELLBEING

ORAL PRESENTATION

ICMBALI-0866 - The mentoring relationship – the mentor's perspective

L. Dixon[1], M. Kensington[2], C. Griffiths[3], E. Gray[1], S. Daellenbach[4]

1 *New Zealand College of Midwives, Midwifery Advisor, Christchurch, New Zealand*
2 *Ara Institute of Canterbury, Head of School, Christchurch, New Zealand*
3 *Otago Polytechnic, School of Midwifery, Dunedin, New Zealand*
4 *New Zealand College of Midwives, Midwifery and Maternity Provider Organisation researcher, Christchurch, New Zealand*

BACKGROUND

The mentoring partnership has become an important part of midwifery practice in Aotearoa New Zealand and is used both formally (within the midwifery first year of practice programme) and informally. It is defined as a negotiated partnership between two midwives aimed at developing professional confidence. Mentoring provides many benefits to the midwives who are being mentored and to the profession as a whole however the benefits of being the mentor midwife have yet to be fully explored.

OBJECTIVES

To explore the experience of being a mentor midwife and understand how mentors engage in and define mentoring within the model of midwifery partnership specific to Aotearoa New Zealand.

METHODS

A review of the national mentoring activities will be undertaken, along with the frequency and context. Qualitative data collected via a series of focus group sessions with mentor midwives. Transcripts will be coded and analysed using thematic analysis. The analysis will be inductive so that themes will be identified from the patterns emerging.

RESULTS

This is ongoing research and the presentation will be focused on the results of the thematic analysis of the focus groups of midwifery mentors. Preliminary results have identified that mentoring is used widely in New Zealand and that mentor's work to ensure an equal power balance between them and the person they are mentoring. Being a mentor brings great satisfaction, positive challenges and a need to think differently. It is highly valued by the individual midwife and the midwifery profession.

CONCLUSIONS

Understanding the dynamics of the mentoring relationship, from the perspective of the person providing the mentoring will enable a better understanding of the benefits of being a mentor.

KEY MESSAGE

Mentoring is important for those mentored but we also hope to find a reciprocal benefit for those who 'do' the mentoring.

ICMBALI-0155 - Providing antenatal class to primip indigenous women my name is Debbie Key, i am the AMIHS (aboriginal torres strait infant health service) cms midwife

D. Key[1]

1 *Hunter New England Area Health Service, Midwifery, Moree, Australia*

PURPOSE

I look after these women, during the Booking In, Antenatal, Labour and Birth and Postnatal period up 6–8 weeks. We found that the primip woman turned up in birth suit with very little knowledge of what was about to happen to them. They would not attend antenatal classes, as they are held on a Monday 6–8pm, 5 sessions, every 2 months. They are shy, it late and they are not out at night and they feel out of place when attending.

To provide care that is up to date for the women who is having a baby that identifies as indigenous. Giving woman the knowledge that when she arrives at the birth suit that she has some idea what is about to happen to her.

DISCUSSION

It is also about closing the gap, providing good care and improving our breastfeeding rates. Other area that we provide care to help reduce smoking and the use of drug and alcohol in pregnancy.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

It is about using the tools that we have at hand to provide great care, to have Indigenous baby have the best possible outcomes in other words a great start to life.

EVIDENCE IF RELEVANT

The education used is the Hunter New England Area Health, Antenatal Parent Class of which RM Key has attended this education and has adapted to the cliental in that area.

KEY MESSAGE

All babies matter and if I can provide antenatal education to one woman that is birthing an indigenous baby and she feels safe to birth then I have achieved.

Room 6

CONCURRENT SESSION WITH 3-MIN PRESENTATIONS: ANTENATAL EDUCATION (+ THREE-MINUTE PRESENTATION)

ORAL PRESENTATION

ICMBALI-0764 - I only want 6 children – a qualitative study in rural Uganda of the women's perspectives on how many children they want

D.S. Illeris[1], *S.H. Schausen*[1], *K. Sørensen*[1], *H.B. Andersen*[1]

1 *University of Roskilde, Health Promotion, Roskilde, Denmark*

BACKGROUND

In Uganda, the fertility rate is 5.4 and in Tanzania 5.0. This relatively high fertility rate combined with improvements in reproductive health such as a decline in child and maternal mortality and changes of health determinants has led to intense population growth. The high fertility rate and growing population leads to adverse effects such as poverty, teenage pregnancies, and poor reproductive health.

OBJECTIVES

Study 1) aims to explore women's perceptions of how many children they want and of contraception.

Study 2) examines the most important barrier for modern contraception – contraceptive side effects – and seeks to understand how family planning organisations understand this problem.

METHODS

Both studies are based on qualitative interviews. In the Ugandan study, 24 individual and 12 focus group interviews were analyzed using grounded theory identifying five major aspects illustrating women's perceptions and their reasons for a high fertility rate. In the Tanzanian study 7 in-depth interviews with key stakeholders from dominant family planning organisations were analyzed using theory of empowerment, biopower and governmentality.

RESULTS

The Ugandan study points to five aspects: 1. culture of producing children, 2. contraceptives, 3. youth reproductive health, 4. gender and power and 5. times are changing.

The Tanzanian study shows that family planning organizations understand women's experiences of side effects as caused by constrained possibilities to exercise contraceptive choice.

CONCLUSIONS

The Ugandan study showed that although there was a culture of producing many children, women required contraceptive methods and the midwives advocated this. Barriers to the use of contraceptives were side effects and gendered power structures. Findings from Tanzania showed that organisations do not focus on contraceptive side effects as that risks adding to societal resistance and threaten family planning activities.

KEY MESSAGE

Attention needs to be drawn to the hidden problem of contraceptive side effects.

ICMBALI-0805 - Evolving connection: a longitudinal constructivist grounded theory study exploring parental conceptions of the unborn child

N. Borg Cunen[1], *J. Jomeen*[2], *R. Borg Xuereb*[1], *A. Poat*[2]

1 *University of Malta, Department of Midwifery, Msida, Malta*
2 *University of Hull, Faculty of Health Sciences, Hull, United Kingdom*

BACKGROUND

Much of the existing research concerning parental-fetal attachment has attempted to identify predictors, correlates and sequelae of this bond. However, such efforts may be premature prior to establishing a better understanding of the social processes involved in this unique familial tie.

OBJECTIVES

This longitudinal study sought to explore how expectant parents construct meaning in their fetal relational experiences.

METHODS

Semi-structured, individual interviews were conducted in early-, mid- and late-pregnancy (in 2017–18) with a purposive sample of 10 women who were expecting their first child, and with their male partners. Approval for the study was obtained from two established ethics boards. The interviews were transcribed verbatim and analysed using constructivist grounded theory methods.

RESULTS

Findings revealed that the way in which men and women construe the unborn child is multiphasic, individually-paced, and driven by growing fetal tangibility. While some maternal/paternal differences were evident, conceptions were predominantly similar across genders. After initially struggling, expectant parents gradually accepted the reality of fetal existence. This led to a growing emotional pull towards the unborn child, with the parents increasingly craving a bi-directional relationship. The experience was characterised as an "Evolving Connection", which involved four processes: (1) internalising fetal presence, (2) becoming emotionally invested, (3) establishing familiarity, and (4) yearning for more.

CONCLUSIONS

This study offers a framework through which policy makers and practitioners working with expectant parents can further their understanding of the parental-fetal tie. The resultant theoretical model can guide the focus of further research and inform the development of interventions aiming to support positive parental emotions towards the unborn child.

KEY MESSAGE

The feelings of emotionally proximity that expectant parents develop towards the unborn child intensify as the pregnancy progresses, particularly upon developing a sense of the child as a familiar individual. Uncertainties about fetal reciprocity prevents the tie being conceived as a true bi-directional relationship.

ICMBALI-2232 - Childbirth education in Jordan: content, feasibility and challenges of implementing a childbirth education program in Jordan

F. Malkawi[1]

1 *Jordan University of Science and Technology, Maternal and Child Health Nursing, Irbid, Jordan*

BACKGROUND

No organized childbirth education (CE) programs are available in the public sectors in Jordan. Many studies from Jordan recommended that pregnant women be educated about their health needs during pregnancy and childbirth.

OBJECTIVES

To examine the perceptions of pregnant women, midwives and physicians regarding the content, feasibility, and challenges of implementing a CE program in Jordan.

METHODS

Four focus groups with pregnant women, midwives and physicians were used to answer the research questions.

RESULTS

Findings showed that women were not sure of what they wanted to learn, the midwives and physicians reported modifications for the 3 CE programs to build a program suitable for women in Jordan. Midwives and physicians thought that CE should be included in the free antenatal care. Midwives and physicians wanted to include warning signs, physical exercises, psychological changes, nutrition, breast feeding, newborn heath, sexually transmitted diseases, pain management, postpartum physiology and care, family planning, and planning of pregnancy to the content of the new CE program. Participants reported the need to include husbands in the CE, and considered as a potential challenge to implementing the CE program with cost, staff, clients' responses, and governmental policies. All participants reported support for the new CE program.

CONCLUSIONS

Midwives and physicians suggested to implement the new program within the facilities of the ministry of health to decrease the cost and the need for staffing. They suggested that the program will be supported from many international sponsors that affiliate with the ministry of health. The potential benefits of CE will help to gain support from the Ministry of Health decision makers and the community in Jordan.

KEY MESSAGE

Childbirth education, Midwives, education, pregnant women, education program.

ICMBALI-1405 - Standardising the delivery of ante-natal education

K. Goldsmith[1]

1 *Mater Mothers Hospital Brisbane Australia, Parent education, Brisbane, Australia*

DESCRIPTION OF RESEARCH OR INNOVATION

Currently antenatal education is delivered via face-to-face format with only 38 % of birthing mothers at the Mater using the service. Sessions times range from four to nine hours in duration and are offered weeknights and weekends.

In collaboration with the Mater Education team, antenatal education will move into an online platform, complimented by two and a half hour face-to-face classes. The online content will largely take the form of a series of vignettes which are short videos under five mins in duration. The overarching principle of the vignette is to create patient information that is accessible, evidence based and consistent in its delivery.

SIGNIFICANCE TO MIDWIFERY

Standardised Ante-natal education delivery governed by frequent peer review, lesson plans, simulations and staff education on education delivery. Content evidence based derived from current policy, procedures and patient information resources.

To improve patient experience, deliver evidenced based and consistent content that provides enriched learning for new parent

ICMBALI-1842 - It doesn't happen here: a global collaboration to study mistreatment in high and middle resource countries

S. Vedam[1], *K. Stoll*[1]

1 *University of British Columbia, Birth Place Lab- Midwifery, Vancouver, Canada*

BACKGROUND

Respectful maternity care (RMC) is an important component of providing high quality and safe care to women during the childbearing year. Tools that measure disrespectful care have not been developed for application in high-resource countries. Furthermore, existing tools lack a comprehensive approach to measuring the complex concept of respect in a way that captures the concerns and experiences of diverse groups of childbearing people.

OBJECTIVES

To develop a set of core indicators of RMC that are relevant to people with diverse backgrounds and experiences in high/middle resource countries.

METHODS

Following a broad review of the literature, we identified 500+ potential RMC indicators and sorted them according to the seven domains of mistreatment identified by Bohren et al. (2015). We prioritized items for inclusion if they were developed with input from or in collaboration with services users and were applicable to childbearing people from diverse backgrounds. We convened an international panel of experts and Canadian service users (N = 50) to participate in a Delphi process to select and prioritize quantitative indicators from this list. We analysed comments and quantitative rating on importance, relevance and clarity of items.

RESULTS

We have prioritized over 200 items across ten domains that can be selected for country specific applicability. The final indicators are relevant to populations that are at increased risk for experiencing disrespect and discrimination, such as Indigenous women, those with pregnancy complications, and immigrant and refugee women. They will be housed in a global open access repository on the Quality Maternal Newborn Care Research Alliance website.

CONCLUSIONS

This core set of indicators will enable best practice measurement of RMC in high/middle resource countries.

KEY MESSAGE

Exposure to RMC is meaningful for policy development and attention to ethical practice that ensures access for women to respectful care in the childbearing year.

ICMBALI-0651 - Respectful maternity care: experiences in the English-speaking Caribbean

S. Curtis[1], *M. Rollock*[2]

1 *University of The Bahamas, Nursing, Nassau, Bahamas*
2 *Caribbean Regional Midwives Association, Midwifery, Couva, Trinidad and Tobago*

PURPOSE

To obtain information on Respectful Maternity Care from selected Caribbean countries, assess the level and quality of advocacy, and policy related to RMC, utilize the findings to make recommendations for improvement and formulate culturally appropriate programmes for the Caribbean.

RESULTS

There was evidence of disrespect and abuse in all countries that took part in this study. The level of problem varied from country and according to the type of practice. Conclusion: There is a need to disseminate information professionally & in the community followed by monitoring and evaluation to ensure proper implementation & required outcomes. A regional intervention will have to be adopted from country to country.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

The findings from the interviews highlighted the need for regulations and polices related to RMC. In some cases there was a need for monitoring and evaluation of programmes that were introduced.

EVIDENCE IF RELEVANT

There was evidence of disrespect and abuse in all countries that took part in this study. The level of problem varied from country to country and according to the type of practice.

KEY MESSAGE

There is a definite need for the introduction of an intervention related to RMC that is adoptable from country to country.

ICMBALI-0912 - Defining the future of midwifery: achieving global consensus on woman-centred care

S. Brady[1], *F. Bogossian*[2], *K. Gibbons*[1], *N. Lee*[1]

1 *The University of Queensland, School of Nursing- Midwifery and Social Work, Brisbane, Australia*
2 *University of Sunshine Coast, Clinical School, Maroochydore, Australia*

BACKGROUND

Woman-centred care (WCC) provides a fundamental philosophical approach for midwives working around the globe regardless of practice setting and, as an essential concept in midwifery practice, it is integral to how the role of the midwife and standards of practice are defined (ICM, 2017).

OBJECTIVES

This research aims to develop a universal definition of WCC care using a two phased approach to synthesize research evidence with expert opinion.

METHODS

In Phase 1 a five-stage integrative review was used to critically appraise and analyse primary studies which addressed WCC as either intervention or outcome. Data analysis was undertaken using a four stage process (Whittemore & Knafl, 2005). These outcomes informed Phase 2 Delphi methodology using three survey rounds to elicit opinion and gain international consensus from midwifery leaders (from ICM research, regulation and education committees, the six ICM regions and primary research authors) on the definition of WCC.

RESULTS

Analysis of 17 international studies in Phase 1 demonstrated diverse study quality, varied understanding and wide scope in interpretation and practice of WCC. Three main themes clinical practice, maternity service and education provided the framework for ten sub-themes. Phase 2 of the research draws on the opinions of international midwifery experts and a penultimate consensus statement will be presented to ICM congress.

CONCLUSIONS

Our research confirms that there is currently no one accepted universal definition of WCC; potentially contributing to confusion and tokenism in health policy, service provision, standards of practice and care. We will present international consensus on the definition of WCC to support midwives of the world to deliver care which upholds the rights of autonomy and self-determination for each woman.

KEY MESSAGE

If Woman-centred care is to be globally accessible, a universal definition is essential.

ICMBALI-0807 - Respectful care: perceptions of providers and their experiences

S. Stalls[1], K. Hill[2], K. Brickson[2], C. Okoli[3], S. Moffson[2], L. Gomez[4]

1 *Jhpiego, Technical Leadership and Innovations Department, Baltimore, USA*
2 *Jhpiego, Maternal Child Survival Project, Washington, USA*
3 *Jhpiego, Deputy Country Director, Abuja, Nigeria*
4 *Jhpiego, Maternal Child Survival Project, Guatemala city, Guatemala*

BACKGROUND

Despite increasing recognition that advancing respectful, person-centered care is critical to increasing facility births, many women are mistreated when delivering in facilities. Efforts to improve quality of care and focus on women's experience of care are essential to increase the use of facility-based maternity care. Jhpiego, through the USAID Maternal Child Survival Project (MCSP), supported the implementation of respectful maternity care (RMC) as part of quality improvement efforts within maternal and newborn health (MNH) services.

OBJECTIVES

Initiate a process within MNH programs to integrate the promotion of RMC in program activities.

METHODS

In 2017, MCSP offices in Nigeria and Guatemala undertook formative assessments in health facilities, employing a mix of qualitative and quantitative methods to assess key manifestations of mistreatment, as well as drivers, such as gender inequality and limited career advancement opportunities. These assessments provided insights about women's experience of care and provider's experience of providing care. MCSP country staff convened stakeholders from the ministry, community, and facility to review the assessment findings and begin discussions about co-designing and implementing potential activities to mitigate mistreatment and promote respectful care for all.

RESULTS

Nigerian and Guatemalan providers, face major stresses in the local health system – including inadequate infrastructure and a lack of support from supervisors and colleagues – that may erode their ability to deliver high quality care and cause provider burnout.

CONCLUSIONS

Mistreatment of providers is a significant contributor to poor quality of care. Findings show that while some barriers providers face are common in low resource countries, others are highly particular to the specific country contexts.

KEY MESSAGE

Health systems fail both clients and providers through lack of mechanisms which promote respectful care and minimize mistreatment. While the emphasis on the client is critical, attention must also be focused on addressing the barriers and lack of an enabling work environment many providers face.

ICMBALI-0087 - Quality and women's satisfaction with maternal referral practices in sub-Saharan African low and lower-middle income countries: a systematic review

E.K. Ameyaw[1], *C. Njue*[1], *C. Dawson*[1]

1 *University of Technology Sydney, Australian Centre for Public and Population Health Research, Sydney, Australia*

BACKGROUND

Sub-Saharan African Low and Low Middle Income Countries (SSA LMICs) have the highest burden of maternal and neonatal morbidity and mortality in the world. Timely and appropriate obstetric referral to a suitable health facility is a sign of effective health system. This paper presents the findings of a systematic review that aimed to identify what referral practices are delivered according to accepted standards for pregnant women and newborns in SSA LMICs by competent healthcare providers and in line with the need and wishes of women.

OBJECTIVES

To investigate maternal referral processes and outcomes in SSA LMICs.

METHODS

Six electronic databases were searched for original articles published between 2009 and 2018, in English and reporting on maternal referral practices and effectiveness. Of the 1,586 identified, 17 articles were included in the study.

RESULTS

Most studies were quantitative (n = 11). Effective maternal referrals were defined as occurring as a result of: the timely identification of signal functions, established guidelines or standards, adequate documentation, staff accompaniment and prompt care by competent healthcare providers at the receiving facility. Two studies reported that women were dissatisfied due to delays in referral processes that affected their health.

CONCLUSIONS

Efforts to improve maternal health in LMICs should aim to enhance maternal healthcare provider ability to identify signal functions that are integral to referral. Providers should be aware of appropriate context specific guidelines/standards that can be easily applied in low resource settings.

KEY MESSAGE

Efforts should focus on strengthening local referral interventions considering the low economic setting.

ICMBALI-0385 - Local perspectives on an international phenomenon: Midwives 'with woman'

Z. Bradfield[1], *Y. Hauck*[1,2], *R. Duggan*[1], *M. Kelly*[1]

1 *Curtin University, Midwifery, Perth, Australia*
2 *King Edward Memorial Hospital, Department of Nursing and Midwifery Education and Research, Subiaco, Australia*

BACKGROUND

Being 'with woman' is a central construct of the midwifery profession, inherent in professional standards and philosophy statements around the world. Despite its importance, very little research has been undertaken to explore the phenomenon.

OBJECTIVES

The aim of this study was to explore Western Australian midwives' perceptions and experiences of the phenomenon of being 'with woman' within a variety of maternity contexts.

METHODS

Descriptive phenomenology was selected as the methodology for this study; known for its usefulness in facilitating understanding by revealing perspectives through exploring lived experiences of phenomena. Thirty one midwives working in a variety of practice contexts and models of care participated in in-depth interviews. Giorgi's four-stage phenomenological method was used for data analysis.

RESULTS

Three main themes were revealed 1) essential to professional identity; 2) partnership with women; and 3) woman centred practice.

CONCLUSIONS

For the first time, we are able to offer an understanding of how midwives themselves conceptualise the phenomenon of being 'with woman'. Midwives have also revealed how broader 'woman-centred' practices articulate into the phenomenon of being 'with woman' which is significant. Findings support the professional commentary of midwifery leaders and emphasise the asserted importance of being 'with woman' to the profession of midwifery.

KEY MESSAGE

The innovative findings of this study revealed important conceptualisations of a phenomenon so central to the profession of midwifery which offers both theoretical and practical utility. Original evidence provided in this study delivers clarity and empirical support to statements of professional identity which will be useful for the development of future strategic professional documents, educational curricula and in supporting graduate and experienced midwives. The development of a framework of language around this important philosophical construct which permeates midwifery practice, enhances professional agency and supports the continued emphasis of being 'with woman' with a fresh perspective of its applied practices in a variety of contexts.

ICMBALI-1332 - Mongolian women's experience of maternity care: a cross-sectional study

G. Togoobaatar[1], T. Parchaa[1], R. Fukuzawa[1], B. Chunag[2], S. Batsuuri[3], B. Guntev[3], K. Sugimoto[1], A. Katsumata[1], N. Nyam[3]

1 *University of Tsukuba, Global Health Nursing, Tsukuba, Japan*
2 *Amgalan maternity hospital, Midwifery, Ulaanbaatar, Mongolia*
3 *Mongolian National University of Medical Sciences, School of Nursing, Ulaanbaatar, Mongolia*

BACKGROUND

Measuring women's experience with maternity care services not only contributes to improving client friendliness and cultural sensitivity of care, it also has clinical significance on the reduction of unnecessary medical interventions.

OBJECTIVES

The study objective is to explore women's childbirth experience and satisfaction with maternity care.

METHODS

This is a community-based cross-sectional study. We adapted the questionnaire of the U.S and Japanese survey of women's childbearing experience "Listening to Mothers". Two-stage sampling method was employed to recruit a total of 839 women from 30 family health centres in the capital city Ulaanbaatar. Women who aged 18 to 45 years, had singleton birth and no severe maternal and neonatal complications, gave birth at the all four maternity hospitals during January and April 2018.

RESULTS

In total 839 women aged 29.9 (SD 5.7) years of age participated. 70 % of mothers had 10 years or higher level of education, 96.1 % were married, 31.2 % were nulliparous and 87.5 % had the first antenatal care visit before 12 weeks of gestational age. Overall 33.5 % of women were satisfied with antenatal care services. 10 % of women had pregnancy complications. Regarding women's experience with intrapartum care, 31.8 % of women experienced at least one instance of physical abuse, non-dignified care (shouted at, scolded, and laughed at scorned), non-consented care (vaginal examination and episiotomy) and lack of privacy (sharing the same delivery room or no screen blocking view). Almost all women had no choice of birthing position, about 17 % of them dissatisfied, and 7.8 % reported poor attitude of health professionals.

CONCLUSIONS

Our study suggesting that measurements to improve patient satisfaction should be implemented. Health facility-based, multifactorial interventions at an institutional and interpersonal level such as modifying the environment and professional training on respectful maternity care are necessary.

KEY MESSAGE

Health facility-based interventions to improve women's satisfaction and positive experience for childbirth should be implemented.

ICMBALI-1626 - The experience of Hong Kong Chinese women on childbirth pain

I. Lee[1], *S. Downe*[2], *V. Moran*[2], *M. Tarrant*[3]

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2 *University of Central Lancashire, School of Public Health & Clinical Science, Central Lancashire, United Kingdom*
3 *UBC, School of Nursing, British Columba, Canada*

BACKGROUND

A study on the experience of Hong Kong Chinese women on Childbirth pain was hardly found.

OBJECTIVES

To explore the experience and feelings of the Hong Kong Chinese women on Childbirth pain to improve the support and care provided to the women during childbirth.

METHODS

A longitudinal qualitative study using semi-structured interview for data collection was conducted. A purposive sampling method was used. In general multiparous woman have easier labours than primigravid women which might lead to differences in the childbirth experience, thus, 5 primipara and 5 multipara women were included in the sampling. The participants were interviewed 4 times (on 36 weeks of pregnancy, postnatal day 3, 6–7 weeks; and 10–12 months after birth). The data obtained from the interviews were transcribed, translated, analyzed and constructed into themes and sub-themes. In this paper, the concentration will be on the second interview that is on postnatal day 3.

RESULTS

There are 5 themes emerged from the study: (1) expectation and acceptance of childbirth pain; (2) duration of childbirth process; (3) responses to pain; (4) step-up approach in handling childbirth pain; and (5) the need of support from husband and midwife. Understand the women's feeling and experience of childbirth pain can help to provide better care and create a friendly environment to enhance the childbirth process.

CONCLUSIONS

Childbirth pain is of concern to all pregnant women, especially to primipara women. The feelings on childbirth pain, the way they handle the pain and the support from significant others and midwives are important to the women.

KEY MESSAGE

Support and care to the women during childbirth were significant on pain relief and a meaningful journey of childbirth.

ICMBALI-0808 - Introducing interventions in normal birth – a critical view of the Nordic hands-on approach to reduce perineal tears

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1 *Aarhus University and Aarhus University Hospital, Department of Clinical Medicine & Perinatal Epidemiology Research Unit, Aarhus N, Denmark*
2 *Zuyd University, Research Center for Midwifery Science, Maastricht, Netherlands*

BACKGROUND

Different hands-on interventions to protect women from severe perineal tears after birth have been widely implemented. Evidence to support the routine use of hands-on interventions to reduce severe tears is mainly based on aggregated data from observational studies.

OBJECTIVE

To critically discuss the current evidence for the implementation of hands-on intervention as a routine practice to protect women from severe tears after birth and how it may affect the normal birth mechanism and womens autonomy.

RESULTS

Observational studies have been used to justify the routine use of hands-on intervention to protect women from severe perineal tears despite randomized controlled trials and systematic reviews showing lack of benefit. There is strong evidence supporting the slow speed at the time of birth to prevent severe perineal tears.

DISCUSSION

While hands-on intervention does reduce the speed of birth, it may have a negative effect on the birth process, on neonatal outcomes and women's agency. Conclusion Evidence-based practice requires sufficient evaluation of interventions before being implemented in clinical practice as well as valuing the level of evidence when making clinical decisions.

CONCLUSION

Evaluation of hands-on interventions to protect women from severe perineal tears must include not just one outcome of interest, but also an assessment of how the intervention interferes with the normal mechanism of birth, and how it affects neonatal outcomes and the autonomy of women.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

The presentation will provide evidence on how to protect against perinal tears without interfering in the normal birth process and reducing womens autonomy in birth

EVIDENCE IF RELEVANT

https://www.sciencedirect.com/science/article/abs/pii/S1877575618303471?via%3Dihub

KEY MESSAGE

Introducing new interventions in normal birth needs to be evaluated suffiently to avoid harms to mothers and babies.

ICMBALI-0809 - Is the occurrence of perineal damage influenced by who is the attending midwife?

C. Verhoeven[1], *R. Simmelink*[1]

1 *Amsterdam UMC- location VUmc, Midwifery Science, Amsterdam, Netherlands*

BACKGROUND

Perineal damage after vaginal birth can result in short- and long-term complications for women. Therefore, it is important to study factors that influence the occurrence of perineal damage.

OBJECTIVES

The aim of this study was to examine to what extent individual factors of clinical midwives contribute to variations in episiotomy and in other perineal damage.

METHODS

A retrospective cohort study was performed in a secondary-care hospital in Amsterdam, the Netherlands, using data from women assisted during birth by a clinical midwife in 2016. The midwives filled out a questionnaire to determine individual factors. The predictive value of individual factors of the midwives was examined in multiple logistic regression models on episiotomy, third/fourth-degree tears and intact perineum.

RESULTS

1302 deliveries attended by 27 midwives were included. The mean episiotomy rate was 12.7 % with a range from 3.2 % to 30.8 % among the midwives (p 0.001). No significant variation was found in the occurrence of third/fourth-degree tears or intact perineum. Among midwives, there was a significant difference in the rate of episiotomy on maternal indication (p 0.041). Predictors for an episiotomy were years since graduation and the place of bachelor education of the clinical midwife.

CONCLUSIONS

The mean episiotomy rate was 12.7 %, with a range from 3.2 % to 30.8 % among the midwives. This study shows that the individual factors of clinical midwives, such as the number of years since graduation and the place of bachelor education, influence the rate of episiotomy. Since suspected fetal distress is the only evidence based indication to perform an episiotomy, there is room for improvement in the number of episiotomies performed on maternal indication. Continuous training of clinical midwives is essential to reduce unnecessary episiotomy.

KEY MESSAGE

The mean episiotomy rate was 12.7 %, with a range from 3.2 % to 30.8 % among midwives. This variation shows that there is room for improvement.

Room 10

PARTNER FUNDED SESSION: JOHNSON'S® NEWBORN SKIN HEALTH RESEARCH: UNIQUE DIFFERENCES OF INFANT SKIN, ITS MICROBIOME, AND HOW TO SUPPORT NORMAL SKIN MATURATION

JOHNSON'S® Newborn Skin Health Research: Unique differences of infant skin, its microbiome, and how to support normal skin maturation

Tina Lavender (United Kingdom)
Georgios Stamatas (France)
Catherine Mack (USA)

This program is part of the Midwife Learning Series brought to you by JOHNSON'S®.

The skin barrier provides important "first line of defense" protection against water loss, irritants, allergens and pathogens, with the skin's microbiome also acting to modulate the innate immune response of the skin. However, infant skin and its microbiome are different versus adult skin and continue to mature long after birth. Attendees will learn about these important differences, including how mode of birth delivery influences the skin microbiome, and will leave this session understanding critical factors and care routines that can help support normal skin maturation.

LEARNING OBJECTIVES

In this educational session attendees will advance their knowledge on the essential role and function of the skin barrier while improving understanding of:

- The human skin and its role in overall health.
- The unique differences of infant skin vs. adult skin and its maturation, including how these differences inform infant skincare.
- The skin microbiome, its role, and how it works in combination with the skin as a "first line of defense".
- How the mode of birth delivery influences establishment of the infant skin microbiome, including its maturation process.
- Cleansing and moisturizing routines for infant skincare and why they matter, including evidence-based clinical practice guidelines to support a healthy skin barrier and its protective skin microbiome.

Section / Talk Subtitles

- The Science of Infant Skin – How it develops and implications for care (M. Catherine Mack, PhD).
- Infant Skin Microbiome – research on the development of skin's protective layer and connection with care (Georgios Stamatas, PhD).

Wednesday, 9 June, 10:00 PDT
Parallel sessions 4

Room 1 (INTERPRETATION)

PARTNER FUNDED SESSION: UNFPA: SUSTAINING QUALITY MIDWIFERY EDUCATION DURING A PANDEMIC AND BEYOND

UNFPA: Sustaining quality midwifery education during a pandemic and beyond

Anneka Knutsson (USA)
Mary Renfrew (United Kingdom)
Jemima Dennis-Antwi (Ghana)
Sally Pairman (Netherlands)
Elizabeth Iro (Switzerland)
Frances McConville (Switzerland)
Lorena Binfa (Chile)
Felix Nyante (Ghana)
Alicia Burnett (United Kingdom)
Allison Cummins (Australia)

Session sponsored by UNFPA.

The COVID 19 pandemic has had a significant direct and indirect impact on midwifery education globally, with the potential for long-term damage to quality education and quality care. The challenges in responding to the immediate crisis have included the need for a rapid pivot to digital learning and teaching, ensuring support for students and faculty working from home, overcoming restrictions on access to skills learning and practice placements, and mitigating the severe personal, professional and psychological stress for students and staff. These challenges were compounded by inequality of access to digital and other resources.

Sustaining quality midwifery education, future workforce numbers, and the quality of midwifery care for women and newborns globally beyond this crisis is an urgent public health issue.

PURPOSE

This panel session will be used to launch the 2021 WHO/ICM/UNFPA report on 'Framework for action: sustaining quality midwifery education during a pandemic and beyond'. This report aims to help low-, middle-, and high-income countries, their governments, health professionals, regulators, educators, policy-makers, professional associations, students, communities, families, and development partners to build midwifery education systems that are resilient in the face of the COVID 19 pandemic and any future crises. An evidence-based seven-step action plan to sustain quality midwifery education in the context of the COVID 19 pandemic and other crises has been developed, drawing on the analysis of information from 23 global case studies and a rapid evidence review. It further provides a repository of accessible learning and teaching resources to support education processes.

DISCUSSION

The panel discussion will highlight examples of innovations in healthcare professional education implemented across the world during the COVID 19 pandemic, that have successfully enabled quality education – both theoretical and practical – to continue despite the barriers. It will draw on the case studies and published evidence to demonstrate the positive outcomes that can result from collaborative action, strong leadership, a focus on equity, and student-centred learning and teaching.

Panellists will explore the opportunities identified from the case studies and the evidence to strengthen future midwifery, as well as nursing and medical, education systems and will discuss the potential for sustainable, positive transformation of midwifery education for the future.

KEY MESSAGE

Implementation of the actions based on the lessons learned from the country case studies and published evidence in the report has the potential to result in more resilient learning environments in low, middle, and high-income countries. This could help to transform and modernise the future education environment for all health professionals, with benefit to students, education institutions and staff, the workforce, and the quality of care for women and newborn infants beyond the current crisis.

ICMBALI-1737 - Reframing WHO guidelines through qualitative research: establishing what matters to service users

K. Finlayson[1], S. Downe[2], O. Tuncalp[3], O. Oladapo[3], M. Bonet[3], M. gulmezoglu[3]

1 *University of Central Lancashire, Midwifery Studies, Preston, United Kingdom*
2 *University of Central Lancashire, Faculty of Health & Wellbeing, Preston, United Kingdom*
3 *World Health Organization, UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research- Development and Research Training in Human Reproduction HRP- Department of Reproductive Health and Research, Geneva, Switzerland*

BACKGROUND

World Health Organization (WHO) guidelines are based on systematic reviews of RCTs, but the topic and outcomes of RCTs are not usually informed by service users views of what matters to them. This may limit the acceptability of recommendations, and the capacity of midwives to put them into practice.

OBJECTIVES

To establish what matters to women in relation to pregnancy and childbirth, to inform WHO guideline questions and outcomes.

METHODS

We undertook two systematic scoping reviews to explore what matters to women in pregnancy and childbirth. We searched eight databases. We logged and quality appraised all relevant studies. Data were coded and synthesized using meta-ethnography. Findings were assessed for confidence using GRADE-CERQual

RESULTS

For the pregnancy review we included 38 studies. The final meta-theme was: *Women want and need a positive pregnancy experience*, including four subthemes: *maintaining physical and socio-cultural normality; maintaining a healthy pregnancy for mother and baby* (including preventing and treating risks, illness, death); *effective transition to positive labour and birth*; and *achieving positive motherhood* (including maternal self-esteem, competence, autonomy). For the childbirth review we included 37 studies. The final meta-theme was: *Hoping for a positive birth experience,* including three sub-themes: *anticipating triumph and delight, fearing pain and abandonment*; *the enduring influence of familial and socio- childbirth norms*; and *enacting what matters in the context of what is available.* Both reviews informed the framing, content and outcomes of the guidelines. The novel notion of 'a positive experience' was a central component. Both guidelines recommended midwifery.

CONCLUSIONS

Undertaking *a priori* qualitative scoping reviews was ground breaking. Maternity practice framed by 'a positive experience' is likely to result in services that are meaningful and appropriate for stakeholders and midwives, and, therefore, more likely to be implemented in practice.

KEY MESSAGE

Qualitative systematic scoping reviews can enhance maternity care guidelines by giving a voice to key stakeholders.

ICMBALI-0189 - You've got to follow the rules: how obstetric fetal surveillance guidelines organise the clinical work of midwives

K. Small[1], *M. Sidebotham*[1], *J. Fenwick*[1], *J. Gamble*[1]

1 *Griffith University, School of Nursing and Midwifery, Meadowbrook, Australia*

BACKGROUND

Central fetal monitoring systems have been increasingly adopted despite the absence of evidence of perinatal benefit. Central fetal monitoring systems offer the potential to surveil maternity professionals providing clinical care. No research has yet explored the effect of central fetal monitoring on maternity professionals.

OBJECTIVES

This research explored how the work of maternity professionals was socially organised by and around a central fetal monitoring system.

METHODS

Institutional ethnography, a critical qualitative feminist methodology was used. Fieldwork was undertaken at a tertiary hospital in Australia, with a birth rate of over 5000 births annually. K2 Guardian fetal monitoring had been installed two years previously. Ethics committee approval for the research was gained. Data was collected during 2018, consisting of 31 interviews, 90 hours of observations and by gathering relevant documents. Data were analysed to map the social relations organising professionals work with the K2 Guardian system.

RESULTS

Women who were monitored by cardiotocograph (CTG) monitoring and the midwives who cared for them, were more visible to staff at the central monitoring station than those without CTG monitoring. The decision to utilise CTG monitoring was predominantly made by midwives, with reference to hospital and state-wide clinical guidelines, along with a list of indications within K2 Guardian software. Each of these documents was closely modelled on the Royal Australian and New Zealand College of Obstetrics and Gynaecology Intrapartum Fetal Surveillance guideline. The social processes involved in the creation of this guideline insert obstetric knowledge paradigms into the work of midwives.

CONCLUSIONS

The work that midwives do in providing care to women during labour is strongly shaped by obstetric guidelines. This reinforces obstetric knowledge and practices over midwifery ways of knowing and doing.

KEY MESSAGE

Central fetal monitoring systems have the potential to constrain midwives' and women's choices during labour.

Room 2

CONCURRENT SESSION: GUIDELINES

ORAL PRESENTATION

ICMBALI-0770 - Interventions during the perinatal period: guidelines from the French National College of Midwives

C. Barasinski[1,2], R. Béranger[2,3], F.N.C.O.M. French National College of Midwives[2]

1 *Université Clermont Auvergne- CNRS- CHU Clermont-Ferrand- SIGMA- INSTITUT PASCAL, Pôle Femme et Enfant, Clermont-Ferrand Cedex 1, France*

2 *Collège National des Sages-Femmes de France, Collège National des Sages-Femmes de France, Paris, France*

3 *Univ Rennes- CHU Rennes- Inserm- EHESP- Irset Institut de recherche en santé- environnement et travail - UMR_S 1085, Maternité, Rennes, France*

BACKGROUND

The perinatal period is crucial for both women and babies, and midwives have a key role by providing care and prevention messages to them. Such interventions are multiple and can cover various fields. French National Perinatal Surveys suggested gap between expected and effective practices for many topics despite existing guidelines (e.g. folic acid supplementation, alcohol/tobacco consumption, breastfeeding), whereas various emerging topics have to be treated.

PURPOSE

To resume and hierarchize a base of interventions and prevention messages to be delivered to women at each step of the perinatal period, from pre-conception to post-partum.

To help professional to better guide women in their habits of life.

PROJECT

In March 2019, The French National College of Midwives (CNSF) initiated a working group of experts to develop guidelines based on up-to date scientific literature, in collaboration with Santé publique France (SPF), the French Association of Ambulatory Pediatrics (AFPA), French Pediatric Neurology Society (SFNP) and patients' representative (CIANE). These guidelines will focus on:

- Adaptation of maternal behaviours around pregnancy (medication and vaccines, physical activity, addictive behaviours)
- Nutrition during pregnancy and breastfeeding (essential nutritional intake, biological and chemical food contamination, special diets)
- Domestic exposure to harmful chemicals (cleaning products, construction materials, childcare materials, cosmetics)
- Child health promotion (breastfeeding initiation and support, infant sleep-wake behaviours, parent-infant interaction, digital and neuro-development, SIDS and shaken baby syndrome prevention).

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

We planned to disseminate new guidelines in early 2020, to update and harmonize practices for all French perinatal healthcare worker (midwives, general practitioner, paediatrician, nurses) in terms of perinatal intervention.

EVIDENCE IF RELEVANT

No evidence yet.

KEY MESSAGE

The French National College of Midwives is developing new national guidelines to improve interventions and prevention messages to be delivered to women and child during the perinatal period.

Room 3

WORKSHOP: RECLAIMING VAGINAL BREECH BIRTH: PRACTICAL LEARNING FROM EXPERIENCE AND THE LITERATURE

ICMBALI-1352 - Reclaiming vaginal breech birth: practical learning from experience and the literature

B.A. Daviss[1], *G. Stephen- MSc. candidate.*[2], *A. Hemmerich*[3]

1 *Montfort Hospital and Carleton University, Women's and Gender Studies, Ottawa, Canada*
2 *Oxford University, Nuffield Department of Primary Care Health Sciences, Brockville, Canada*
3 *Queen's University, Department of Mechanical and Materials Engineering, Kingston- Ontario, Canada*

THE LEARNING OUTCOMES

1. Participants will learn from the experience from Ottawa and Toronto Canada where midwives have won the right to do vaginal breech births as "the Most Responsible Person," or "primary care provider," political strategies for midwives to return vaginal breech birth to normalcy, the midwife's jurisdiction.
2. Participants will learn new interventions from demonstration and hands-on practice of the upright position from:
   a) Frankfurt: the "nudge" to flex the head, a 180 degree torque for shoulder dystocia, rethinking Kristeller (fundal pressure);(3)
   b) Ottawa: "the Crowning Touch" – hand/finger forceps created and developed in Ottawa, modified Loveset for upright position;(4)
   c) Australia/Guatemala/Ottawa: the advantages of squatting/birth stool compared to on the back. New research in biomechanics will be presented demonstrating how squatting opens the outlet.
   d) Participants will learn the algorithm that shows the flow of cardinal manoeuvres, the signs of dystocia, and the manoeuvres to overcome them (listed above) from Frankfurt, UK, and in Ottawa where they were combined (3, 4, 5) Recently, the same algorithm has been published in a different form, with coloured boxes but with an addition of something else: timelines.(6) Participants will learn how these timings were calculated from a non-probabilistic convenience sample of random videos without the ability to stratify for important parameters such as parity--a poor methodology known in epidemiology for its lack of generalizability. They will see the comparison of breech births timed from a systematically collected consecutive series that demonstrates more realistic and flexible timings but contends timing is not as important to indicate intervention as the condition of the mother and the baby and digression from the standard mechanisms of descent of the breech.(5)This advice occurs in tandem with the new meta anlaysis and change at the WHO to stop recommending the 1 cm. per hour parameter in the partogram as the time to intervene. Instead, WHO advises monitoring the fetal heart tone for direction. (8) The data that we will show demonstrates the rational for NOT creating for the breech, a Friedman's curve that has taken us over a century to undo (1955–2018).(8)

ALL OF #2 CAN BE Demonstrated no problem on zoom with videos of each manoeuvre and the bio mechanics is particularly new and interesting where biomechanical engineers demonstrate what happens to the pelvis as the childbearer squats—it opens the outlet dramatically, both transverse diameters and obstetric conjugate.

THE PROCESS/ACTIVITIES

5 minutes: A brief history of consumer and midwifery advocacy resulting in midwives with experience being permitted to be primary care providers for vaginal breech in some hospitals in Ontario—in both Ottawa and Toronto (no obstetrician necessary in the room).

15 minutes: Demonstration with doll and pelvis of the cardinal movements of descent, using diagrams, photos from historic literature, MRI and new biomechanical studies. All doable via lecture and with video.

10 minutes on the importance of not creating another Friedman curve, this time for breech, with strict, restrictive timelines on when to intervene, as it causes undo fear, increased episiotomies, forced pushing, and forceps. We will present a dataset that is a systematic series of births from Ottawa in which the timing of the vaginal breech for primips can be 6–7 min. from the birth of the umbilicus to the birth of the head, if the mother is upright and 50 % of the time >3 min. without long term negative sequelae. (7) We contend that evidence and experience teach the limitations of time guidance and focus on observation of the woman and the baby, not the clock.

30 minutes Demonstration from videos from Frankfurt, Ottawa, and Ecuador of new positions and maneuvers that have been used in both straightforward and difficult vaginal breech births without any need for forceps (1&3) – preventing and rectifying head extension, troubleshooting issues like the definition of "footling," dealing with a nuchal cord.

AUDIENCE PARTICIPATION

10 minutes: Opportunity to share their own success in doing breeches. No problem on zoom.

20 minutes: Opportunity for hands-on practice of the participants.

This is more difficult, but possible on video; we can adjust by asking those who are willing, to follow my instruction as we go through different scenarios. I can go through the manoeuvres with their own mannequins if they can get them. If not, they can do with a doll and pelvis. **So they will be advised to actually get a mannequin for the workshop if they want to practice or at least a doll and pelvis; otherwise they can watch others practice**.

I have easily demonstrated the cardinal manoeuvres and, for instance, the two forms of arm release of the breech, just by having the computer on a table beside a bed and zooming farther out so that I can be seen.

One person at a time can then try each manoeuvre on their own doll and mannequin or doll and pelvis while the others watching can chime in asking questions, or making suggestions. The number of people who can actually have hands on if we all watch one person, is limited because of the time limitation, but when midwives are new at these manoeuvres, it is useful for those who don't know the new manoeuvres to watch others try them, or try themselves. I can moderate.

I have also started and stopped videos of actual births, asking them what they would do next, and that is helpful as well, but this hands on session where they watch another colleague green at the manoeuvre, or try it themselves, and realize where the foibles are, is useful for new learners.

And most are new learners with the upright positioning.

REFERENCES

1. Borbolla Foster A, Bagust A, Bisits A, Holland M, Welsh A. Lessons to be learnt in managing the breech presentation at term: An 11-year single-centre retrospective study. Aust N Z J Obstet Gynaecol. 2014 Aug;54(4):333–9.
2. Hemmerich, Andrea, Teresa Bandrowska, and Geneviève A. Dumas. 2019. The effects of squatting while pregnant on pelvic dimensions: Acomputational simulation to understand childbirth. Journal of Biomechanics 87:64–7473.
3. Frank Louwen F, Daviss BA, Johnson KC, Reitter A. 2016. Does breech delivery in an upright position instead of on the back improve outcomes and avoid cesareans? Int J Gynecol Obstet. 1–11. http://onlinelibrary.wiley.com/doi/10.1002/ijgo.12033/epdf
4. Evans J. Chapter 8: Breech Birth. In *Normalizing Challenging or Complex Childbirth*. Edited by Jackson K, Wightman H. London: Open University Press McGraw Hill Education; 2017.
5. Daviss BA. *Rethinking The Physiology of Vaginal Breech Birth: Manual of Best Evidence-Based Manoeuvers,* 1st Edition 2016, 10th Edition February 2020. *2022020*. https://understandingbirthbetter.com/section.php?ID=25&Lang=En&Nav=SectionAccessed January 25, 2021.
6. Reitter A, Halliday A, Walker S. Practical insight into upright breech birth from birth videos: A structured analysis. *Birth* 2020;00:1–9. `https ://doi.org/10.1111/birt.12480
7. Daviss BA, Johnson KC. Commentary: Upright Breech Birth: Does New Research Risk Reviving Friedman's Curse? *Birth* forthcoming, 2021.
8. WHO recommendations: intrapartum care for a positive childbirth experience. Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO.

Room 4

SYMPOSIUM: GLOBAL PARTNERSHIPS AS A TOOL FOR ASSOCIATION-STRENGTHENING

ICMBALI-1876 - Global partnerships as a tool for association-strengthening

E. Hebert[1]

1 *Canadian Association of Midwives, Global Programs, Montreal, Canada*

PURPOSE OF THE SYMPOSIUM

The ICM defines a strong association as one of the three pillars of a successful midwifery profession. Strong associations are a vital tool for rallying the profession, for relaying the voices of midwives and their insights to policymakers, and for advocating to policy makers for the rights of women and girls. Since 2013, the Canadian Association of Midwives (CAM) has worked with partner midwifery associations in Tanzania, Haiti, and the Democratic Republic of Congo, among others, to implement capacity-building projects for midwives, and to strengthen associations in those countries. This symposium will bring speakers from each of these four associations to describe how these partnerships have built their associations' capacities, and what best practice for collaboration between midwifery associations in the global south and global north looks like.

1ST PRESENTATION

Ambrocckha Kabeya,

President of Societe Congolaise De La Pratique Sage-Femme (SCOSAF), Democratic Republic of Congo, will focus on regulation, and the ways in which collaboration with CAM facilitated the regulatory process in the DRC. He will highlight accomplishments and challenges from this process, and changes SCOSAF has experienced through the regulatory process. This presenter will present in french.

2ND PRESENTATION

Marie Jasainte Dorine,

the newly elected AISFH president (Association des infirmières sages-femmes d'Haïti), will present their advocacy and community engagements efforts aimed at increasing the visibility and recognition of midwives in the Haitian context, and how CAM contributed to this process. CAM and the AISFH have worked together informally for over a decade, and since 2018 have been working on implementing funded projects. This presenter will present in french.

3RD PRESENTATION

Feddy Mwanga,

President of the Tanzania Midwives Association (TAMA), will describe the origins of CAM and TAMA's twinning relationship in 2011. TAMA has known significant growth since 2011, growing in budget, staff team, number of projects, and national reach and influence. Ms. Mwanga will reflect on how twinning catalyzed those processes, including discussing a unique skills-building workshop that Canadian and Tanzanian midwives designed together, and which TAMA has now used to train close to 1,000 midwives in emergency skills. Through this training, TAMA has substantially built their national profile and their capacity to partner with other stakeholders.

4TH PRESENTATION

Emmanuelle Hebert,

the Canadian Association of Midwives (CAM) past President, and until recently Director of Global Programs, will talk about how and why CAM, the national professional association for Canadian midwives, decided to enter into global work, how the Canadian model of midwifery care informs the CAM model of global partnership, and how this work has transformed CAM, including on the national level.

COMMON FOCUS

All of these presentations discuss how partnerships with other midwifery associations strengthened their own midwifery association. Taken together, these presentations will offer important insights into how other associations can increase their capacity, and can use partnerships to stimulate their growth.

COHESION BETWEEN SECTIONS

CAM has an existing relationship with all the speakers, and CAM speaker Emmanuelle Hebert will act as the convener, ensuring the presentations relate to each other. Each presentation will highlight the most relevant aspect of association-strengthening for their national context, and all will contribute to the overall theme of considering how midwifery partnerships can increase association capacity.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Strong associations are essential to guarantee sustained improvements in midwifery practice, to advocate for quality education, and to support the development of effective regulation and policy. This symposium will provide lessons from the field about how international partnerships can help to build strong midwifery associations.

Room 5

SYMPOSIUM: ADDRESSING CHALLENGES TO ESTABLISHING WATER BIRTH PRACTICE

ICMBALI-0863 - Addressing challenges to establishing water birth practice

J. Vanderlaan[1], *P. Hall*[1], *B. Wood*[2], *B. Harper*[3]

1 *Emory University, Nell Hodgson Woodruff School of Nursing, Atlanta, USA*
2 *Home 4 Birth, Owner, Indianapolis, USA*
3 *Waterbirth International, Owner, Boca Raton- FL, USA*

PURPOSE OF THE SYMPOSIUM

This symposium will provide midwives with the research background and solutions for practice challenges they need to establish water birth practice. It is intended to provide midwives with evidence for protocol and practice development, as well as skills to navigate resistance to hydrotherapy within their institution.

1ST PRESENTATION

Dr. Jennifer Vanderlaan MPH CNM

will present her network analysis of water birth and hydrotherapy for labor research articles. The network was created by linking over 300 articles, commentaries, and letters to the editor based on citations. Through qualitative analysis of how these manuscripts present, synthesize, or discuss findings for hydrotherapy in labor and birth, this project identified the most heavily cited papers as well as important studies that received less academic attention. Problems such as misrepresentation of results and amplification of poor outcomes were identified. The findings of this study will help attendees discuss the available literature with decision-makers and stakeholders.

2ND PRESENTATION

Dr. Priscilla Hall CNM

will present a systematic review of published cases of poor neonatal outcomes with water birth. By synthesizing 40 cases reported in the scientific literature, this project was able to identify three categories of recommendations for practice: prevention and identification of water-borne infection, prevention of cord avulsion, and treatment for suspected water aspiration. This project also identified major gaps in the reporting of poor neonatal outcomes that hinders translation of cases to improvements in practice. Dr. Hall will also present recommendations for future research.

3RD PRESENTATION

Brandi Wood, BSM, CPM, CDEM and Dr. Vanderlaan

will present findings from a qualitative analysis of policies and protocols for hydrotherapy in labor and water birth. This project reviewed 19 policies from varied practice settings to identify variations in current practice. These variations were used to identify which practices have strong support among practitioners and where wide variations in practice indicate a need for more research. The difference in strategies for writing good policies for home and hospital birth settings was also identified.

4TH PRESENTATION

Barbara Harper, RN

will present implications for implementation of water birth based on her experience consulting in four different health systems over the last two years: China, Vietnam, Israel, and Dubai. Attendees will be informed about the various challenges implementing water birth in each setting, and the ways the midwives and obstetricians were able to overcome the challenges to meet demand for hydrotherapy.

COMMON FOCUS

These presentations share a common focused overcoming challenges to implement a hydrotherapy and water birth program. The presenters are all based in the United States, a country that provides many challenges to implementation of water birth. The sessions in this symposium are drawn from a multi-year project that aims to provide hospital based midwives and nurses with the tools they need to overcome these challenges.

COHESION BETWEEN SECTIONS

These presentations have been formatted to give midwives the tools they need to establish a hydrotherapy program. Each session addresses a different challenge the midwives will need to face: how to find evidence, how to address concerns about safety, how to write an effective protocol, and what challenges they may face during implementation.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

This symposium presents research from a multiyear project that aims to define optimal practice for supporting water birth safely. The sessions were designed to provide midwives the information and tools they need to establish hydrotherapy and water birth within their practice or facility. Midwives will be provided with 1) context to understand the evidence available and common concerns and resistance to hydrotherapy, 2) guidance on policy and protocol development, and 3) information about obstacles they may face during implementation. This session is applicable to midwives who are interesting in offering hydrotherapy, midwives who are currently working to establish hydrotherapy, and midwives whose hydrotherapy practice is being challenged.

ICMBALI-1811 - Perception of the benefits of the Mesoamerican Temazcal, an ancestral practice in the recovery of women during the postpartum period

S.G. Blanco Casarrubias[1]

1 *Unidad de Parterìa Alameda, Secretaria de Salud, Chilpancingo de los Bravo, Mexico*

BACKGROUND

The care of women over time has undergone various transformations, today sustainable care, organic and evidence-based are the choice for advanced practice, therefore, the ionization and cell regeneration emitted by the temazcal proposes a complementary therapy for body, emotional and spiritual closure after childbirth.

OBJECTIVES

To promote the care of women through the use of Mesoamerican temazcal as a therapy for corporal, spiritual and emotional closure during the postpartum period.

METHODS

A qualitative study is underway, previous informed consent, for theoretical saturation, audio recorded with parallel notes, in 10 women who request a temazcal bath during the postpartum period, analyzed through the atlas ti v06 medical package.

RESULTS

In the first preliminary advance the following perceptions were obtained: "It's a great experience, I felt liberated""Why they did not tell me that the temazcal exists before""After the birth I felt some discomfort to walk, after the bath temazcal disappeared".

The theoretical saturation of the project is not yet fulfilled, it is necessary to continue with the videotaped interviews, however, including the temazcal bath in women's recovery during the postpartum period improves the corporal, spiritual and emotional closure , as well as his perception of obstetric care.

CONCLUSIONS

The Professional Midwifery in its various intercultural and endemic stages has used the Mesoamerican temazcal as an empirical practice, nowadays the Evidence Based Midwifery allows to demonstrate that it is a safe practice that favors the physiological processes of corporal and psychic involution of women.

KEY MESSAGE

Focus on women, Post-partum care, Quality care, Respectful care.

ICMBALI-2018 - Training of qualified professional midwives for maternal and neonatal care in the Dominican Republic 2018–2020

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1 *Universidad de Chile, Departamento promoción de la salud de la mujer y el recién nacido, Santiago, Chile*

PURPOSE

To train nurses in obstetric and neonatal care in the Dominican Republic (DR), focusing on reducing maternal and neonatal morbidity and mortality. The United Nations Population Fund (UNFPA) and the Department for the Promotion of Women's Health and the Newborn of the University of Chile School of Medicine plan training for qualified health personnel in pregnancy, delivery and post-partum care , competent to grant obstetric and neonatal care, research, refer and establish emergency measures that save lives. (1) In the DR 93.8 % of maternal care is institutional its MMR greater than 100 / 100,000 NV, between 2015–2016 it falls to 99.3 and 90.6 / 100,000 NV increasing in 2017.

DISCUSSION

Defined two stages for training, train RD tutors as local teaching support and train 30 nursing graduates from three locations, as specialists in maternal and neonatal care. During six months via online, 15 professionals were trained as tutors, obstetrician gynecologists, specialist nurses and perinatologists. Trained in adult education, obstetric, neonatal and family planning issues. They visited obstetrics and neonatology services in Chile, they knew the model of care provided by a midwife to incorporate it into training. 9 professionals were certified as tutors. The training program for the 30 nurses consists of 5 theoretical modules developed online and clinical activities in the DR, supervised by tutors. By committing the training to local institutions, resources and country reality, project sustainability is guaranteed.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

There is a need for qualified midwives to provide maternal and neonatal care, training must be supported by education and health institutions, so professional midwives can influence maternal and infant mortality.

EVIDENCE IF RELEVANT

1) UNFPA et al. The state of the world's midwifery 2011: Developing health, saving lives. New York:UNFPA, 2011.

KEY MESSAGE

Training by competences.

ICMBALI-1101 - Introduction of a hospital-based induction program for midwifery students: improving the quality of clinical internship for senior midwifery students in Lima-Perú

E. Campomanes Pelaez[1,2], M.A. Segura Rodriguez[1,2], M.S. León Fernandez[1,3], N.J. Campomanes Chulluncuy[1,3], M.M. Pacahuala Cristobal[1,4], R.M. Huamán Chipana[1], H.C. Lourdes Rosario[5]

1 *Hospital Sergio E. Bernales, Midwifery Unit, Lima, Peru*
2 *Universidad de San Martín de Porres, Midwifery and Nursing Faculty, Jesús María, Peru*
3 *Universidad Privada del Norte, Midwifery School, Los Olivos, Peru*
4 *Universidad Nacional Mayor de San Marcos, Professional School of Midwifery, La Victoria, Peru*
5 *Otemae University, Faculty of Global Nursing, Osaka, Japan*

BACKGROUND

In Perú, final year midwifery students (interns) complete an internship period in clinical facilities. The length of the internship varies from 6 to 10 months, depending on the university. High risk pregnancy unit (HRPU) is a required rotation. Clinical midwifery instructors (CMI) working in the HRPU perceived that internship length variation affected the skills, competencies and confidence of interns, who in most cases are not closely supervised by university tutors. A group of CMI developed an induction program to improve interns' performance during HRPU rotation.

OBJECTIVES

1. To implement an induction program for midwifery interns who will start HRPU rotation.
2. To develop and introduce of tools for progressive assessment of midwifery interns.
3. To strengthen the competencies and skills of midwifery interns rotating in the HRPU.

METHODOLOGY

Descriptive study. The program was implemented in the HRPU of Hospital C with 24 interns from different universities during 3 moths. Six CMI were in charge of the implementation. The program was implemented with approval from the Teaching Unit of Hospital C.

RESULTS

1. An induction program was developed and implemented considering universities curricular differences among.
2. Check lists, rubrics, portfolios and tests were developed to follow up interns progressively.
3. Interns' competencies and skills were higher at the end of the program.
4. University tutors lack of participation in the implementation of the program.

CONCLUSIONS

Internship is a challenge for interns educated under different curricula. Along with the induction program, more involvement of university tutors in follow up and supervision of students is necessary for the success of the program.

KEY MESSAGE

Implications for midwifery practice

1. To implement induction programs in all clinical rotations of hospitals.
2. To introduce the program as an educational model for midwifery internship.
3. To improve university tutors involvement and participation.

ICMBALI-0439 - Re-focused prenatal and his relationship with maternal morbidity during pregnancy, childbirth and puerperium, between July 2013 and July 2017, at the El Bosque Health Center

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2 *Universidad Cesar Vallejo, Escuela de Postgrado, Trujillo, Peru*

BACKGROUND

La presente investigación permitió hacer un análisis de atención prenatal reenfocada como estrategia en la reducción de riesgo de la morbilidad materna en el embarazo parto y puerperio como un indicador sanitario que afecta al derecho de vida.

OBJECTIVES

Determinar la relación entre la atención prenatal y la morbilidad materna durante el embarazo, parto y puerperio entre julio de 2013 a julio de 2017 en el Centro de Salud El Bosque de la ciudad de Trujillo.

METHODS

Investigación descriptiva, correlacional, de corte transversal, no experimentalen 277 historias de gestantes con atención prenatal.

RESULTS

La relación entre la atención prenatal y la morbilidad materna durante el embarazo ($p < 0.001$). Sin embargo, no hay una relación estadística significativa con la atención prenatal reenfocada ($p > 0.05$). Por otro lado, se muestra una relación estadística significativa entre la atención prenatal y la morbilidad materna durante el puerperio ($p < 0.001$). La atención prenatal y la presencia de alguna morbilidad en el embarazo, parto o puerperio también se encuentran en una relación estadística significativa ($p < 0.001$).

CONCLUSIONS

Existe una relación entre la atención prenatal reenfocada y morbilidad materna durante el embarazo, parto y / o puerperio ($p < 0.001$).

KEY MESSAGE

Atención prenatal, morbilidad materna, embarazo, parto y puerperio.

ICMBALI-1862 - Itzel, a doll as a pedagogic resource to explain women's rights and to spread the respectful childbirth care model

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1 *Partners In health Mexico, maternal health program, Chiapas, Mexico*
2 *Partners In health Mexico, maternal health program, Ciudad de México, Mexico*

DESCRIPTION OF RESEARCH OR INNOVATION

Since 2016 *Compañeros en Salud* – Partners in Health Mexico –, in collaboration with the ministry of health, implemented a model of respected and culturally aware birth care with the help of professional midwives in Chiapas, Mexico; in a rural and marginalized region with high levels of inequity and where few women know their rights. A didactic strategy was implemented to help women understand their sexual and reproductive rights, and to prepare for labor. Through the use of Itzel, a hand-made doll, the different stages of labor and birth are represented. This is to provide effective counseling, and to help women visualize the model of midwifery care.

SIGNIFICANCE TO MIDWIFERY

Midwives provide accompaniment, psychoprophylaxis, and a women-centered care. Every birth is unique. It is necessary to adapt to the context, to every woman, and to find options to explain and make visible women's rights, thus encouraging a respectful and intercultural care.

ICMBALI-0579 - New practices regarding pregnancy and childbirth conveyed through social media and informal groups

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BACKGROUND

As a result of pregnant women's and new mothers' enthusiasm for sharing their experiences over social media, in informal groups or in initiating certain ritualized practices, we wanted to better understand what these new realities signify.

OBJECTIVES

The objectives are to describe the ritual and sharing practices regarding pregnancy and childbirth in Quebec's society, to identify the meaning women give them and to illustrate how social media discussions influence their experience.

METHODS

Qualitative research based on Facebook and forum discussions by future or new mothers who were followed by midwives or physicians and completed by several interviews. The thematic analysis was done from a socio-anthropological viewpoint.

RESULTS

The study of this new phenomenon helps us to understand the dynamics of these forms of communication, what affects women and contributes to the meaning they attribute to events. Connecting to other women going through similar experiences at the same time is, among other things, an attempt to be understood or become initiated to this new stage in life. The new practices regarding technology, such as ultrasounds, allow values and emotions to be expressed that cannot be articulated in the presence of professionals. The results also highlight the differences in women's talk and values depending on the type of care they receive.

CONCLUSIONS

Do these virtual and informal discussions fulfil a need for recognition or added value to one's life? Being interested in women's private thoughts being shared on social media questions the consequences of modern life. What do these new realities tell us about today's living and becoming a mother? These are new challenges that midwives must face.

KEY MESSAGE

Discovering women's private experiences opens a new understanding of their needs.

Room 7

CONCURRENT SESSION: EDUCATION (FRENCH SESSION)

ORAL PRESENTATION

ICMBALI-1249 - Discriminations, racisme, homophobie, bullying en pratique sage-femme : Impacts sur la clientèle et l'attrition des étudiantes et sages-femmes

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PURPOSE

La recherche internationale a documenté sur une période de quarante ans l'impact du manque de diversité en pratique sage-femme autant sur les étudiantes, praticiennes et sur la clientèle. Les personnes racisées et autochtones, les personnes en situation de handicap, les personnes de la communauté LGBT sont inondées de trauma expérientiel, générationnel et culturel – à tous les jours de leur vie et cela n'est pas l'exception en pratique sage-femme. Des recherches récentes en Ontario ont souligné la présence de racisme et d'homophobie, d'une sage-femme à une autre (Asseffa et Mehari, 2020; McCallum et al, 2020). Le capacitisme face aux étudiantes et sages-femmes en situation de handicap a un impact concret sur la qualité des soins et augmente le risque d'erreurs (Crouch, 2019). Finalement, plusieurs recherches documentent la présence de bullying en pratique sage-femme (Curtis et al, 2006, Hastie, 1995, 2016, Leap, 1997).

DISCUSSION

Cette présentation vise survoler ces revues de littérature en démontrant l'impact sur la clientèle et sur le taux d'attrition et d'abandon des étudiantes et des sages-femmes. Alors que 50 % des professionnelles et étudiantes sages-femmes auraient été témoin de bullying (Gillen *et al.*, 2009), 87 % auraient été témoin de racisme envers l'une des leurs (Asseffa et Mehari, 2020), nous ne pouvons plus rester silencieux et avons une responsabilité collective d'agir. Cette présentation aborde notre inconfort à parler de ces enjeux pour offrir de meilleurs soins pour les familles accompagnées et pour favoriser un parcours professionnel équilibré pour les étudiantes et sages-femmes.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Comment avons nous fait pour en arriver là? Aussi peu d'empathie et de solidarité devant des histoires de violences et de discriminations? Le dicton selon lequel les sages-femmes doivent souffrir pour devenir professionnels ne fait plus de sens et pourtant, cette présentation expose cette dichotomie. Le thème de l'ICM 2019 est *Les sages-femmes, défenseures des droits des femmes*. On doit le confronter à cette histoire contemporaine. C'est seulement en réfléchissant à ses propres limites et inconforts devant le conflit, le désaccord et la discrimination *au sein de la pratique,* que nous pourrons agir vers *l'empowerment* et la réelle défense des droits des femmes à l'extérieur de la pratique.

ICMBALI-1829 - Co-construct a model of relational continuity in perinatality with women

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2 *Université de Montréal, École de santé publique, Montréal, Canada*

BACKGROUND

The medicalization of birth is a phenomenon experienced throughout the world that has resulted in a lack of continuity of care. Research carried out on the continuity of maternity care models, that is, antenatal, pernatal and postnatal care given continuously to a woman by a midwife, has been used to assess the effects of continuity of maternal and neonatal health care (Hatem et al., 2008, Sandall et al., 2016). The results showed that the outcomes are favorable for morbidity / mortality and that women are very satisfied with the care received.

OBJECTIVES

The goal is to co-construct a model of perinatal care based on the relationship with women during their care experience, while analyzing the influence of factors.

METHODS

It is a participatory longitudinal qualitative research. Fifteen pregnant women received prenatal, pernatal and postnatal accompaniment offered by the student-researcher according to their needs. The different methods of data collection are: i) serials in three modalities: face-to-face meetings, phone calls and text messaging; (ii) observation notes made during observing participation; iii) the obstetrical clinical record; iv) organizational and clinical documents; v) the discussion forum between the participants; and vi) the logbook.

RESULTS

The results will expose the version of the continuity of care model generated by the relationship partnership during the lived care experience of women.One of the outcomes of this study for midwifery is to engage women in transforming their patient role in organizations from a passive to a pro-active partner role in shaping research in the workplace. maternal and neonatal.

CONCLUSIONS

This study gives a voice to women from the development of a relationship partnership so that they can share their opinions and experiential knowledge which will lead to co-build a model of continuous care.

KEY MESSAGE

Models of care, Continuity of care, Women centered care, Advocacy, Empowerment, Normal birth,Respectful care, Rights, Quality care.

ICMBALI-0089 - Core competencies: basis for midwifery education in Lebanon

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2 *Tunis El Manar University, Tunis El Manar University, Tunisia, Tunisia*

BACKGROUND

The 2030 Agenda for Sustainable Development requires that sexual and reproductive health services be provided by qualified midwives (UNFPA, 2015). In Lebanon, the role of midwife is marginalized by the predominance of the private sector and by the over-medicalization of pregnancy and childbirth (DeJong & al, 2010). However, women are not satisfied with the care provided during delivery (Kabakian-Khasholian & al, 2000). Midwifery education is not standardized, regulation is fragmented, and the profile and needs of Lebanese women have changed (MOSA / UNDP, 2006).

OBJECTIVE

The research aims to identify the Lebanese midwifery model including her identity and scope of practice and to translate it into the core competencies expected from midwives in Lebanon.

METHOD

We conducted a qualitative and quantitative research through a multidisciplinary, exploratory and inductive approach. Data collection is based on individual and group semi-structured interviews with micro samples of stakeholders directly or indirectly involved in midwifery practice; on a post analysis with practicing midwives and a questionnaire with student midwives. Quantitative data analysis is based on SPSS and qualitative analysis on content analysis technique. A second phase to selected key stakeholders validated the findings of the first phase. Free participation in research, anonymity and confidentiality have been respected. The approval of the IRB was obtained from the hospital.

RESULTS

The results revealed fifteen functions assigned to the midwife in Lebanon. The second phase drove to a consensual a list of professional activities that were translated into core competencies considering the ICM essential competencies of the midwife (ICM, 2018). The established core competencies includes one cross cutting competency and three disciplinary competencies according to national guidelines/standards while respecting the sociocultural and ideological sensitivities of the Lebanese society.

ICMBALI-0205 - Understanding the midwives' assessment of pregnant women's psychological health in Indonesia: a qualitative case study

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2 *'Aisyiyah University of Yogyakarta Indonesia, Midwifery, Yogyakarta, Indonesia*

BACKGROUND

Unrecognised and untreated psychological distress during pregnancy can result in adverse outcomes on the health and wellbeing of the mother, her baby and wider family. Assessment of psychological health during pregnancy is recommended by the World Health Organisation (WHO) and has been implemented in several High Income Countries (HICs). However, such assessment is underdeveloped in Lower-Middle Income Countries (LMICs).

OBJECTIVES

This is the first study in Indonesia to explore pregnant women's psychological health assessment from the perspective of healthcare professionals and women in primary healthcare setting during an antenatal booking visit.

METHODS

A qualitative case study approach was used. Twenty-six in-depth interviews were conducted involving 12 midwives, 2 GPs, a clinical psychologist and 11 pregnant women in two study sites. Interview data were analysed using a thematic analysis. Interpretation was strengthened by non-participant observations, field-notes and documentary analysis. A cross-case analysis was conducted to synthesise the findings. Findings from one study site will be reported here. All relevant ethical approvals were obtained.

RESULTS

This presentation focusing on midwives' voices on psychological health assessment. Two themes emerged from the interviews with midwives: *'We usually do this'* and *'Unintegrated antenatal care programme'*. The findings revealed that the midwives were afraid of opening the 'Pandora box' as they felt ill-prepared to conduct a psychological health assessment. Quotations will be presented to illuminate the main findings.

CONCLUSIONS

The findings have led to a development of a model which incorporates psychological, sociocultural and religious values that influence midwives' practices in psychological health assessment during antenatal visits.

KEY MESSAGE

Midwives' sociocultural awareness in perinatal mental health should be improved to empower women, families and communities to optimise women's pregnancy journey. Midwives require adequate support and training to improve their mental health literacy. Evidence-based pathways of care need to be developed within the midwifery services to meet pregnant women's psychological needs.

ICMBALI-0702 - Smokeless tobacco exposure: maternal and neonatal outcomes

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BACKGROUND

Maternal tobacco smoking is a recognised risk behaviour that impacts maternal and foetal health. However the maternal use and effects of smokeless tobacco (ST) has received scant attention. Worldwide, more than 300 million people use ST products. In Australia, Aboriginal populations utilise wild tobacco plants (aka *pituri*) as ST. The plants are masticated and retained orally. Pituri use continues throughout pregnancy and lactation. There is no evidence as to the pregnancy effects of pituri use.

OBJECTIVES

To measure tobacco, nicotine and their metabolites in a range of biological samples from mothers and neonates with differing tobacco exposure to determine if pituri impacts pregnancy outcomes, and if so, the significance in comparison to cigarette use.

METHODS

Informed by senior Aboriginal women, a multiple method approach enrolled 74 pregnant central Australian Aboriginal women. The cohort were: non-tobacco users (n = 31), smokers (n = 23), pituri chewers (n = 20). Biological samples were collected and analysed for tobacco and nicotine metabolite concentrations, and a range of demographic and pregnancy outcome variables were collected and analysed to evaluate the impact of maternal tobacco exposure.

RESULTS

The results show pituri users have higher concentrations of tobacco, nicotine and their metabolites in all samples compared with smokers. In comparison with smokers, pituri using mothers have higher rates of elevated glucose (47 % versus 21 %), and their neonates have higher admission rates to Special Care Nursery (44 % versus 26 %) and weigh 490 g less than the neonates of smoking mothers.

CONCLUSIONS

This research provides the first evidence that maternal pituri use is a risk factor in adverse pregnancy outcomes.

KEY MESSAGE

The findings contribute globally to understanding the effects of maternal ST use. In addition, they inform the evidence regarding the use of nicotine per se (nicotine gums, mists, patches) in pregnancy.

ICMBALI-0747 - A systematic review of ethnic minority women's experiences of perinatal mental health conditions and services in Europe

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2 *University of Sheffield, Academic Unit of Primary Medical Care, Sheffield, United Kingdom*

BACKGROUND

Women from ethnic minority groups are at greater risk of developing mental health problems. Poor perinatal mental health impacts on maternal morbidity and mortality and can have a devastating impact on child and family wellbeing. It is important to ensure that services are designed to meet the unique needs of women from diverse backgrounds.

OBJECTIVES

The aim of the review was to explore ethnic minority women's experiences of perinatal mental ill health, help-seeking and perinatal mental health services in Europe.

METHODS

Searches included CINAHL, Maternity and Infant Care, MEDLINE and PsycINFO with no language or date restrictions. Additional literature was identified by searching reference lists of relevant studies.

This was a mixed method systematic review. Study selection, appraisal and data extraction were conducted by two researchers independently. A convergent approach was adopted for the analysis and the data were synthesised thematically.

RESULTS

The 15 eligible studies included women from a range of minority ethnic backgrounds and were all undertaken in the United Kingdom (UK). Seven overarching themes were identified; awareness and beliefs about mental health, isolation and seeking support, influence of culture, symptoms and coping strategies, accessing mental health services, experiences of mental health services and what women want.

CONCLUSIONS

Lack of awareness about mental ill health, cultural expectations, ongoing stigma, culturally insensitive and fragmented health services and interactions with culturally incompetent and dismissive health providers all impact on ethnic minority women's ability to receive adequate perinatal mental health support in the UK. Future research should focus on in-depth exploration of the experiences of these women across multiple European settings and interventions to reduce health inequalities among vulnerable mothers and families affected by perinatal mental ill health.

KEY MESSAGE

Perinatal mental health care needs of women from ethnic minority backgrounds should be addressed by providing culturally sensitive care and a safe space to talk.

ICMBALI-1625 - Maternal self-medication for low back pain in pregnancy and in the post partum period

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2 *University of Ulster, School of Health Sciences, Belfast, United Kingdom*

BACKGROUND

Women often experience high levels of low back pain (LBP) during pregnancy, however, the guidelines for management of pain are limited leading many women to self-medicate and this carries a risk to the unborn baby.

OBJECTIVES

To investigate the use of medication by women experiencing pregnancy related low back pain.

METHODS

A prospective observational study was designed to collect the data. Women were asked to complete four online surveys at 20, 33-week's gestation, and six weeks and six months post-delivery. The survey was available from December 2017 to June 2018. Ethical approval was obtained from Office of Research Ethics Committees Northern Ireland.

RESULTS

121 women completed all four surveys and quantitative and data were analysed within the Qualtrics system. The number of women experiencing LBP increased as pregnancy advanced from 32 % at 20 week's gestation to 39 % at 33 weeks. Women reported taking analgesia to manage their pain with 20 % taking medication at 33 week's gestation; 46 % (n = 11/24) of which was prescribed while 54 % of these women (n = 13/24) decided to take medication themselves. Women continued to take medication 6-weeks postnatally (18 % n = 17/93). At 33-weeks gestation, the most commonly taken medication was paracetamol. Co-codamol, co-dydramol and aspirin were also taken. However, at 6-weeks post-delivery women reported taking parcetamol, co-codamol, ibuprofen, naproxen, diclofenac, aspirin and amitriptyline to manage their LBP.

CONCLUSIONS

Women experience high levels of low back pain during and after pregnancy. They self-medicate or are prescribed a range of analgesics.

KEY MESSAGE

The incidence of LBP in pregnancy is under-estimated and poorly managed. Women are self-medicating and the level of risk to their baby is not known Midwives need to engage in research that explores non-medication strategies. Guidelines need to be developed to provide a standard protocol for pain management.

ICMBALI-1882 - A mixed-methods study to explore evidence-based intrapartum care in maternity settings in Bahrain

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BACKGROUND

The World Health Organization (WHO) acknowledges childbirth as a normal physiological process that does not require unnecessary interventions by maternity care providers. However, some maternity settings in Bahrain still continue to intervene during labour and childbirth while providing care to low-risk women. This approach contradicts the WHO's initiatives in implementing Evidence-Based Practices (EBP) of intrapartum care.

OBJECTIVES

To gain an understanding of intrapartum practices in Bahrain.

METHODS

Convergent parallel mixed-methods design was used in the study. Quantitative data were collected by auditing retrospective birth records and a prospective questionnaire on the intrapartum care of 228 postpartum women. Qualitative data were collected using purposive and theoretical sampling guided by grounded theory. Twenty participants included in semi-structured interviews and non-participant observations. Descriptive and inferential statistical analyses were applied for quantitative data using IBM SPSS Statistics 23. Constant Comparative approach used for analyzing qualitative data.

RESULTS

Integrated findings revealed that current intrapartum practices in Bahrain contradicted the recommendations of EBP in certain aspects of intrapartum care. There was a routine use of continuous Electronic Fetal Monitoring (EFM) (93.4 %), limited fluid intake during labour (77.2 %), discouragement of mobility during labour (76.3 %), routine vaginal examinations (65.8 %). The core category 'women as recipient of care' which includes three major categories 'experiencing childbirth', 'knowing the context of childbirth care' and 'moving toward EBP' emerged from qualitative data analysis. The integrated findings contributed to the development of a theoretical model: 'Labouring women-from recipients to participants', drawing a path to move current intrapartum care in Bahrain toward women's active participation in care.

CONCLUSIONS

Study findings suggest an urgent need to move intrapartum practices in Bahrain towards consistency with the WHO's recommendations for safe childbirth care.

KEY MESSAGE

Maternity care providers should pay attention to the practices used routinely during labour by aligning their intrapartum practices with Evidence-Based recommendations.

ICMBALI-1639 - Understanding the relationship between the mother's experience of giving birth, genetic and epigenetic markers for trauma and depression and the mother's postnatal mood

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BACKGROUND

Poor maternal mental health is an area of reproductive health that is consistently identified as a major causal factor in maternal morbidities. The purpose of this research is to understand the relationship between the mother's experience of giving birth, genetic and epigenetic markers for trauma and depression and the mother's postnatal mood. The biomarkers being studied impact oxytocin, estrogen and hypothalamic pituitary adrenal axis function. Identifying why some women cope well with the experience of giving birth while others experience elevated and enduring symptoms of trauma or depression will assist in the early diagnosis and treatment of mothers with birth- related mental health issues.

OBJECTIVES

To investigate if birth experience and genetic and epigenetic markers interact to determine risk for developing poor maternal mental health.

METHODS

A gene X environment study approach is being used. Women have been asked to give a blood sample antenatally and postnatally. They also completed a range of questionnaires including measures of their perception of birth, stressful life events they have experienced and screening tools for PND and post-traumatic stress disorder. This combined data will allow any relationship between birth experience, biomarkers and mood to be tested. The study has full ethical and governance approval and women gave written consent to participate.

RESULTS

The predictive power of the women's perception of their birth and particular biomarkers will be reported in relation to their risk of developing elevated symptoms of postnatal depression, anxiety or post-traumatic stress disorder.

CONCLUSIONS

Preliminary results indicate an association between a polymorphism in the BDNF gene and both perception of birth and elevated trauma symptoms. Full conclusions will be reported on completion of the study.

KEY MESSAGE

Midwives need to understand the value of multidisciplinary research that explores clinical and biochemical factors impacting maternal mood.This research helps midwives understand the impact of the birth experience on mental health.

ICMBALI-1348 - Axillary traction an effective manoeuvre for resolving shoulder dystocia

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2 *Counties Manukau Health, Midwifery, Auckland, New Zealand*

BACKGROUND

Shoulder dystocia is an emergency which has significant risks. Current management of shoulder dystocia involves use of manoeuvres to alleviate the problem but there is no clear evidence base for the use of or the order in which these manoeuvres should be used. Research into axillary traction needs to be carried out to see if it is an effective method for resolving shoulder dystocia.

OBJECTIVES

The purpose of this study is to compare the effectiveness of axillary traction as a management strategy for shoulder dystocia when an internal manoeuvre is required.

METHODS

Retrospective review of the clinical records of mother and baby for all labours with shoulder dystocia was carried out for an eight-year period. Maternal and neonatal information was compared for the three cohorts of the first internal manoeuvre documented: axillary traction, posterior arm delivery and rotational manoeuvres. Categorical data was compared using chi-squared and Fisher's exact tests. Continuous data was compared using Student's t–test (normal distribution) or Mann – Whitney or Kruskall-Wallace test for non- normal distributions. Where differences between the cohorts were noted with categorical data the success rates of the internal manoeuvres were compared using chi-squared tests or Fisher's exact test. The study was approved by the Southern Health and Disability Ethics Committee (HDEC); Ethics reference: 14/STH/15

RESULTS

Axillary traction was the first internal manoeuvre 119 (52.7 %) women with a success rate of 95.8 %. Posterior arm delivery was used first 49 (21.7 %) women with a success rate of 85.7 %. Rotational manoeuvres were used first for 58 (25.7 %) women with a statistically inferior success rate of 48.3 %.

CONCLUSIONS

Axillary traction has been utilised as the first internal manoeuvre with a higher success rate than other internal manoeuvres without any increase in maternal or neonatal morbidity.

KEY MESSAGE

Axillary traction be recommended as the first internal manoeuvre attempted when shoulder dystocia occurs.

Room 10

PARTNER FUNDED SESSION: JOHNSON'S® NEWBORN SKIN HEALTH RESEARCH: IMPLICATIONS FOR CARE ACROSS CONDITIONS

JOHNSON'S® Newborn Skin Health Research: Implications for care across conditions

Tina Lavender (United Kingdom)
Georgios Stamatas (France)
Catherine Mack (USA)

This program is part of the Midwife Learning Series brought to you by JOHNSON'S®.

A propensity for skin barrier disruption can be associated with sensitive and compromised skin and is also an important factor in atopic dermatitis (AD). AD affects at least one in ten children of all ethnicities, with 45 % of AD developing in the first 6 months of life. Research has indicated that dysbiosis of the skin microbiome may play an important role in AD. Additionally, attendees will learn about implications for daily skin management as a critical strategy for care.

Wednesday, 9 June, 12:00 PDT
Parallel sessions 5

ICMBALI-0426 - Midwifery education in Comoros, Ivory Coast and Madagascar: bridging curriculum review with professional identity, scope of practice, professional perspectives and core competencies

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2 *ICM, International Confederation of Midwives, Antananarivo, Madagascar*

In partnership with Sanofi Espoir Fondation, ICM designed a project of midwifery curriculum review in three francophone African countries.

The initiative conducted in Comoros, Ivory Coast and Madagascar from 2017 to 2018 is based on the ICM ERA model and on the professional repository approach in education science. International and regional educational standards (ICM, WAHO and the National Ministries of Higher Education and Research) have been considered.

Henceforth, each of the 3 countries has its own midwife repository validated at national level and that should be considered as a platform open for periodic review, adaptation and strengthening of midwifery practice. Each tool has been translated into national core competencies inspired from the ICM Essentiel competencies for midwifery practice (ICM, 2013). A logigramme emanated as a third step reflecting the expected competencies and their translation into cognitive and technical skills, and professional behaviour. Finally, a revised and updated midwifery curriculum has been developed that gathers all tools produced by the teams in training-tutoring approach (Lafortune, 2012).

The presentation will emphasize on the process and on the outputs of this original educational initiative.

Lessons learned will be driven from the challenges faced and the strengths recorded as the developed curricula are promising to impact the three pillars of midwifery : practice, education and regulation.

ICMBALI-0460 - Deploying ICM standard midwives to rural hospitals in Bangladesh; impact on services, who quality indicators, and staff experiences

R. Anderson[1]

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BACKGROUND

In 2018 Bangladesh made history by deploying International Confederation of Midwives (ICM) standard midwives to 349 sub-district hospitals. In preparation the government established regulations, pre-service education, a midwifery association, orientated managers, and implemented a facility mentorship program.

OBJECTIVES

1. To present a brief overview of establishing ICM standard midwives in Bangladesh.
2. To present and compare data on scope and quality of care with and without midwives and with and without mentoring.
3. To share experiences of the midwives, staff, and managers.

METHODS

A service data analysis and a mixed method research study will be presented. The mixed method research uses quantitative observation of clinical care to assesses and compare implementation of WHO defined quality standards. Focus groups, interviews, and surveys capture the qualitative experience.

RESULTS

In the first 7 months deployed midwives delivered 37,073 babies, conducted 172,358 antenatal care (ANC) visits, performed 13,015 family planning visits, and cared for 1,170 women who have experienced gender violence. Preliminary data finds that facilities with midwives are more likely to use ANC cards, partographs, and active management of 3rd stage of labor. Skin to skin, upright positions, and management of post-partum haemorrhage and eclampsia are increased in facilities with midwives and mentoring. Maternity staff and managers express positive feelings toward the midwives, although have concerns regarding midwives' inexperience. Midwives are proud of their work and feel they're improving maternity services, however they express frustrations regarding imposed limitations to practicing to their full scope of practice.

CONCLUSIONS

Through support of the ICM and dedication of the government and developing partners a new profession of midwives has been established. In the midwives first 7 months they have already started expanding and improving quality of services. Ongoing support to enabling environments is needed to ensure midwives are enable to practice to their full competencies.

KEY MESSAGE

ICM standard midwives have a positive impact on care quality.

ICMBALI-0470 - Development of a national competence assessment tool to assess the practice of undergraduate midwifery students in the Republic of Ireland

D. Johnston[1], *C. Bradshaw*[2], *D. Lawler*[2]

1 *Nursing Midwifery Board of Ireland, Midwifery, Dublin, Ireland*
2 *NMBI, Midwifery, Dublin, Ireland*

PURPOSE

To develop a clinical competence assessment tool to promote consistency amongst students undertaking midwifery education programmes.

DISCUSSION

The Nursing and Midwifery Board of Ireland (NMBI) is the statutory body charged with setting the standards for education, registration and professional conduct of nurses and midwives. In Ireland, undergraduate midwifery education is provided by six Higher Education Institutes (HEIs) and associated health care providers. An integral component of the programme is the development of competence in clinical practice. Each HEI uses a different assessment tool to assess clinical competence during the four-year midwifery education programme. Multiple tools cause variation in assessment, which may disadvantage students. In response, the HEIs and associated health care providers lobbied the NMBI for the development of a national competence assessment tool.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Project: A working group was established by the NMBI with representation from all key stakeholders including student representation. The terms of reference were to develop a standardised competence assessment tool, which reflects the Standards and Requirements for Midwife Registration programmes (NMBI 2016). Safety of women and their babies was the key driver in the development of the tool. In consultation with key stakeholders, the tool was developed and finalised. In 2018, the competence assessment tool was implemented for year 1 of the programme in the HEIs. Year 2–4 assessment tools were finalised in 2019. An interim evaluation is planned in June 2019 with full evaluation of the tool in 2022.

KEY MESSAGE

Implications for Midwifery Practice and Education The national competence assessment tool will promote consistent assessment of practice for students and foster safe midwifery practice. Engagement, collaboration and contribution of all key stakeholders provided a sense of ownership of the competence assessment tool, making its implementation less onerous.

ICMBALI-2209 - Global health competencies for midwives: development process and lessons learned

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1 *Clinton Health Access Initiative, Health, Boston, USA*
2 *American College of Nurse Midwives, Global Health, Silver Spring, USA*
3 *Chemonics International, Global Health Division, Washington, USA*

PURPOSE

US midwives expressed the need for guidance in global health preparation and requested that ACNM develop global health competencies. The purpose of the session is to share ACNM's process of identifying the issues, developing guidelines, advocating for their adoption, and lessons learned associated with this process for other professional organizations whose midwives work internationally.

DISCUSSION

Three gaps were identified: U.S. midwives had no professional guidance to develop expertise for international work; global health experiences for midwives are operating without guidance from their professional midwifery association; and global health education within some midwifery programs and ACNM were not following a single structured competency framework. Nine midwifery competencies were identified through consultation with members and global experts, literature review of skills and expertise required in global settings and review of other professional association's global health competencies, and include: global understanding; clinical practice; health equity and social justice; professionalism/ethics; communication; leadership, organization, and program development; teaching/learning; research / continuous quality improvement; and health system strengthening. For each competency, the midwifery knowledge, abilities, skills, and behaviors that demonstrate competency were also developed. ACNM will structure educational sessions and publications around these competencies.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

The ACNM Global Health Competencies and Skills (GHCS) provide structured guidance fto assist ACNM to develop educational content and learning pathways for members to expand the global impact. They provide a road map for members to identify their current capabilities and areas for further learning. Other countries or professional organizations looking to develop similar guidance can learn from this process and its results.

KEY MESSAGE

The GHCSs provide guidance to ACNM for its global work and to ACNM members and midwifery educators for global health education. Additionally, these competencies provide essential information to global midwifery associations to begin to answer the question, "How do we help our members become better global health leaders?"

Room 3

WORKSHOP: MORAL CASE DELIBERATION IN MIDWIFERY PRACTICE

ICMBALI-1970 - Moral case deliberation in midwifery practice

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2 *Zuyd University of Applied Science, Research Centre for Midwifery Science, Maastricht, Netherlands*

THE LEARNING OUTCOMES

- Participants have experienced the value of moral case deliberation as a form of ethical reflection in a concrete midwifery case.
- Participants have experienced the value of thinking slow.
- Participants are able to postpone their first-thought-decision.
- Participants are able to consider the various perspectives within a case.

THE PROCESS/ACTIVITIES

In providing optimal care, midwives are expected to support women in their decision-making. However, in some cases midwives are confronted with ethical dilemmas concerning the most optimal care. Hollander et al. (2018) describes that a number of women decline recommended care – based on protocols and guidelines – and choose a level of care based on personal preferences.(1) The dilemmas midwives face in daily practice vary from minor issues to ones that are more complex. An ethical dilemma arises when professional and personal values conflict with one another. How to act when the entitlement of the values of autonomy, beneficence, non-maleficence and justice are in conflict with each other? Moral case deliberation (MCD) is a reflective and structured dialogue between healthcare providers about concrete moral questions regarding a real clinical case.(2,3) MCD can help midwives to develop a shared perspective on 'the good thing to do' in a concrete situation.

Groups of ten participants will receive a concrete case in which a midwife faces a moral dilemma. The dilemma is grounded in a conflict of midwife's values as recorded in the ethical codes for midwives.(4) The facilitator will guide them through five phases and nine steps of a recognized MCD method.(2) Participants are challenged to listen carefully and to think slow, to be open to the various perspectives of persons involved in the case, to postpone their judgement and to search for the best ethical approach to the dilemma as a midwife.

AUDIENCE PARTICIPATION

Active participation from all participants is required during the session as explained in the process/activities.

REFERENCES

1. Hollander M, Holten L, Leusing A, van Dillen J, de Miranda E. Less or more? Maternal request that go against medical advice. Women and Birth 2018; 31:505–12.
2. Hartman L, Weidema F, Widdershoven G. , Molewijk B. Handboek Ethiek Ondersteuning [handbook ethcial support] 2016; Boom uitgevers, Amsterdam
3. Molenwijk AC, Abma T, Stolper M, Widdershoven G. Teaching ethics in the clinic. The theory and practice of moral case deliberation. J Med Ethics 2008; 34(2):120–4.
4. International Confederation of Midwives. International Code of Ethics for Midwives, 2014.

Room 4

SYMPOSIUM: FROM MIDWIFERY TO MAIEÜTIQUE: LOST IN TRANSLATION (FRENCH SYMPOSIUM)

ICMBALI-0588 - From midwifery to Maieütique: lost in translation

C. de Labrusse[1], *Y. Meyer*[1], *C. Lemay*[2], *J. Vermeulen*[3], *A. Atchoumi*[4], *C. Morin*[5]

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2 *Université du Québec à Trois-Rivières, Midwifery, Quebec, Canada*
3 *Erasmus University College Brussels, Department Health Care- Knowledge Centre Brussels Integrated Care, Brussels, Belgium*
4 *Consultante en santé de la reproduction, Midwifery, Yaoundé, Cameroon*
5 *Ecole de sages-femmes, Midwifery, Bordeaux, France*

PURPOSE OF THE SYMPOSIUM

This symposium aims to illuminate the meaning and impact of translating "midwifery" into "*maïeutique*" as proposed in *The Lancet* Series on midwifery (2014), including a clear definition of both terms. The linguistic change in terminology will be analysed by comparing English/French translations in *The Lancet* Series, reviewing the French literature, and analysing the results of a survey among thirteen French-speaking midwives' associations completed in 2015. This will demonstrate that the use of "*maïeutique*" may be far from the definitions given in The Lancet Series, and suggests of loss of meaning (Meyer, Lemay & de Labrusse, 2018). To achieve this goal, the session will contextualised this data by referring to three of the main continents concerned by this issue: North America, Europe and Africa.

1ST PRESENTATION

Celine Lemay: North America and meanings of Midwifery

The presentation will be inspired by quotes from the survey such as *"sage-femme"* is the essence of this profession, rooted in or country's culture since the dawn of time" and draw comparisons with "*maïeutique*", and it's usage in the North American Midwifery Academic system.

2ND PRESENTATION

Claire de Labrusse, Yvonne Meyer, Joeri Vermeulen, Christine Morin: Europe and meanings of Midwifery

Starting from the process of change of terminology that France adopted since 2002 from *"the pratique sage-femme"* to *"maïeutique"*, this session will present additionally how the other French-speaking European countries name and describe midwives' practice and more specifically Switzerland, France and Belgium. Furthermore, examples will be drawn from the *Lancet* Series on midwifery to exemplify if there is a loss of significance between the terms *"pratique sage-femme"* and *"maïeutique"*.

3RD PRESENTATION

Annie Atchoumi: Africa and meanings of Midwifery

As the main continent using French on the daily basis, Africa is particularly interested in the change of term. With the use of both terms of *"sage-femme"* and *"maïeuticien"* (such as in decrees and laws to designate male midwives). This session will present the positive and the negative aspects of using both terms referring to the quotes from the respondents of the survey and the relevant literature (related to practice and academia).

DISCUSSION BETWEEN THE PANEL AND THE AUDIENCE

During this session, the question "Which term(s) represent best the translation of midwifery" will be proposed to the audience. We hope to engage the audience into a constructive and open discussion. Finally, we are looking to elicit options with the audience when the term "midwifery" has to be translated in French for future regulation and policy.

COMMON FOCUS

The common focus of the 3 presentations and the discussion between the panel and the audience, is to look at the distinction between the terms "midwifery", which characterizes activity among mothers and families, and "*maïeutique*", which describes specific academic reflections of training or research; and confirm or infirm the loss of meaning when using "*maïeutique*".

COHESION BETWEEN SECTIONS

The cohesion between the different sections of the presentation will be provided through the common line of questioning the change of terminology and providing evidence about the extent to which "*maïeutique*" is fit to be the translation of "midwifery". Since the publication in French of T*he Lancet* Series on midwifery, this symposium will be, to our knowledge, the first opportunity

to reflect among French-speaking midwives and share globally on what the audience thinks about the translation of midwifery into "*maïeutique*".

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Widely disseminating the scientific evidence that midwifery profession is an essential solution of the provision of quality maternity care worldwide is paramount. A name change so crucial deserves careful consideration of all the possible ramifications, so that the chosen term is meaningful to the population and that women and families recognize the skills and care provided by midwives with proven words, to all French-speaking midwives and their regulation/policies.

REFERENCES

Renfrew M., McFadden A., Bastos M.H., et al. (2014). Midwifery and quality care: findings from a new evidence-informed framework for maternal and new-born care. *Lancet,* 384:1129–1145.

The Lancet on Midwifery Executive Summary writing team. (2014). Maïeutique, Résumé analytique de la série du *Lancet*. 384:2–8.

Meyer Y., Lemay C & De Labrusse C. (2018). From midwifery to *maïeutique*: Lost in translation, IJCB 8 (3)177–188.

ICMBALI-1910 - Evaluation of preceptorship programme for newly qualified midwives

E. Iaschi[1]

1 *Imperial College Healthcare NHS Trust, Maternity, London, United Kingdom*

BACKGROUND

Newly qualified midwives are experiencing a sharp learning curve and to facilitate the transition in their new role, a period of preceptorship is recommended. The Preceptorship programme for a London Teaching hospital has been evaluated following the implementation of a Preceptorship Lead midwife role.

OBJECTIVES

To highlight strengths and weaknesses and the opportunity to develop the programme further and also to assess whether preceptorship programme can impact on staff retention.

METHODS

A mixed method approach was used to assess the programme content and perception. Questionnaires, likert chart and semi structured interviews have been used.

Staff retention has been evaluated by analyzing Midwifery education database between 2013 to 2017.

RESULTS

Support has overall been good. The role of the Preceptorship Lead Midwife role has been highly valued by junior midwives. Preceptorship midwives disclosed that sometimes the attitude of other members of staff towards them can have a huge impact on their confidence, as most of the time they don't seem to appreciate that they are junior and the level of support they need. On the other hand according to the senior managers, developing confidence and competence might be midwife-dependant.

The Trust improved its retention rate from an average of 50 % of preceptorship midwives leaving between 2013 and 2015 after a year as opposed to the cohort 2016–17 where 14 % of midwives left following completion of the programme.

CONCLUSIONS

Preceptorship programme is valuable and should be offered to all the newly qualified midwives and midwives trained overseas. It is recommended to maintain the format of a year rotation and also the role of the Preceptorship lead to ensure a smooth running of the programme.

KEY MESSAGE

The Preceptorship Lead role is very important for a successful preceptorship programme as it improves organization and support for junior midwives.

ICMBALI-0961 - Competencies of South African midwifery educators: a transformative framework

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BACKGROUND

Despite guiding developments in midwifery education, including the Global Standards on Midwifery Education from ICM (2011); the Essential Competencies for Midwifery Education (2019) and the WHO midwifery educator competencies (MEC) (2013), no programs exist to assess and address the MEC in South Africa(SA). Against the backdrop of a disempowered midwifery profession the lack of data on MEC in SA can contribute to not meeting the demand for human resources for health. Whilst an MEC gap analysis can inform the process of strengthening MEC and autonomy in SA, it is unlikely to bring about sustainable change. A strengths-based approach; appreciative inquiry (AI); appreciated existing competencies and created a positive trajectory for transformation.

OBJECTIVES

This presentation will share the development of a transformative framework to strengthen MEC in SA midwifery education.

The objectives that enabled this aim included:

i. Evaluation of SA midwife educators' competencies using a self-rated MEC gap analysis.
ii. Appreciation of the MEC strengths of educators.
iii. Utilize MEC strengths to develop and refine a transformative framework addressing the MEC gaps.

METHODS

The study used a transformative convergent mixed methods design. A qualitative appreciative inquiry session was conducted with midwife educators at the midwifery association national congress. A quantitative self-assessment of MEC was distributed to educators. The interface of data and literature shaped a transformative framework that was refined by stakeholders in midwifery education via a non-consensus Delphi.

RESULTS

The importance of competence in all the MEC transpired in different data sets. The framework addresses the most crucial elements. Contextual difficulties is also highlighted and addressed.

CONCLUSIONS

The importance of passion and clinical competence to produce midwives, able to ensure safe motherhood and quality care is evident.

KEY MESSAGE

Strengthening midwife educators is a key strategy to ensure midwives, educated to be responsive to the needs of the disempowered profession and to the community we serve.

ICMBALI-0985 - Empowerment scale for assessing clinical and professional education; ESCAPE: the development and initial validation of a brief measure

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2 *University of Hull, Institute for Clinical and Applied Health Research, Hull, United Kingdom*
3 *University of Hull, Faculty of Health Sciences, Hull, United Kingdom*
4 *Baby Lifeline Training, Baby Lifeline Training, Coventry, United Kingdom*

BACKGROUND

Training health professionals has been demonstrated to play an important role in improving quality of care and reducing both maternal and perinatal mortality and morbidity. A key aim of training and education is to 'empower' health professionals to apply the knowledge and skills they acquire through training programmes, in order to enhance care quality. No measure to date, has been developed to quantitatively measure the impact of clinical training on empowerment of health care professionals, specifically maternity training.

OBJECTIVES

To describe the development of a robust measure of training empowerment (Empowerment Scale for Assessing Clinical and Professional Education; ESCAPE) and establish the key psychometric properties of the resulting measure, including factor structure, validity and reliability

METHODS

A two-stage quantitative instrument development design was used combining cross-sectional and repeated measures elements. 247 participants who attended a CTG training day took part in the study; completing the measure pre-training dataset (dataset one), a post-training dataset (dataset two) and a follow-up dataset (dataset three).

RESULTS

Exploratory and Confirmatory Factor Analysis offered support to a two factor solution, as the best performing version of the ESCAPE, comprising two subscales; change in practice (ESCAPE-CP); Skills and Competence (ESCAPE-SC).

CONCLUSIONS

ESCAPE appears to provide a sound psychometric instrument. It offers the opportunity to robustly assess the effectiveness of training in terms of empowerment and the enablement of practitioners to modify their practice, in turn promoting improved clinical outcomes. This may facilitate the adaptation of training to incorporate influencing skills or to consider how clinical training day may need to be supplemented by additional training on influencing and change management to truly support the effective implementation of evidence based learning. It also has the ability to identify where organisation and hierarchical barriers might exist to facilitating change. .

KEY MESSAGE

ESCAPE is a sound psychometric instrument for assessing clinical empowerment following maternity training.

ICMBALI-1850 - The midwifery fellowship: a new paradigm for continuing midwifery education at The George Washington University

D. Daines[1], *W. Pinger*[1], *M.C. Johnson*[1], *H. MacIntyre*[1]

1 *The George Washington University, Midwifery Services/OBGYN, Washington- DC, USA*

PURPOSE

Newly graduated midwives face outstanding challenges as they enter their first year of practice. As the field of midwifery and obstetrics continues to develop and change, Midwifery Fellowships offer extensive training in midwifery skills to expand their clinical skills, professional leadership, research experience, and patient care within an interprofessional collaborative care model while helping to address the healthcare disparities and challenges in access to maternal care in the United States. The Midwifery Fellowship at The George Washington University offers a unique program for nurse-midwives to expand their clinical, professional, and interprofessional skills.

DISCUSSION

This session will discuss the historical background of midwifery fellowships and how The George Washington University has become a leading example for midwifery fellowship programs in the United States. Discussions will include an overview of the history of midwifery education and the advent of midwifery fellowship and residency programs in the United States and a review of the impetus and process of the Midwifery Fellowship program at The George Washington University. Additionally, it will include a discussion of how Midwifery Fellowships can address health disparities and increase access to care in the United States and why new graduates should consider a Midwifery Fellowship.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Through an examination of the processes and curricula included in the Midwifery Fellowship at The George Washington University, participants will understand why a fellowship program may support newly practicing midwives and how a midwifery fellowship can be instituted in organizations.

KEY MESSAGE

Midwifery Fellowships offer extensive training in midwifery skills to expand their clinical skills, professional leadership, research experience, and patient care within an interprofessional collaborative care model while helping to address the healthcare disparities and challenges in access to maternal care.

ICMBALI-0393 - Respectful maternity care during labor and childbirth- a concept analysis

J.F. Mitu[1], *N. Begum*[2]

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2 *Mitford Nursing Institute, Midwifery, Dhaka, Bangladesh*

BACKGROUND

Along with SDG 3 and 5, the global effort is highly focused on evidence-based practice and respectful maternity care to reduce maternal and newborn mortality and morbidity. Midwifery is an ancient profession. In Bangladesh, it was previously practiced as "Traditional Birth Attendant" but as a profession Midwifery started since 2013. In Bangladesh, almost all women face disrespect and abuse at the intrapartum period.

OBJECTIVES

The aim was to analyze the concept "Respectful Maternity Care during labor and birth" in the context of Bangladesh.

METHODS

A concept analysis done from January 2019 to April 2019 inspired by Schwartz-Barcott, and Kim (1986, 1993). The concept analysis comprises three phases. Phase 1) is a theoretical phase, followed by 2) a field study phase and 3) a synthesis phase with the field study phase in light of the theoretical phase. In total, we reviewed 26 scientific and grey literature and conducted 10 semi-structured interviews with third-year midwifery student, clinical midwives and midwifery faculty.

RESULTS

We found that in low-income country's women are more vulnerable to disrespectful care in various ways like physical and verbal abuse, lack of privacy, non-consented, poor professional standard cares. Midwives were more focused on providing non-harmful care instead of respectful care due to non-midwifery workloads and high number of patients. Midwives, especially in midwife lead care centers and delivery wards, were under pressure. The socio-economic status of the mother also influences the standard of care. Respectful maternity care should be more emphasized in curriculum.

CONCLUSIONS

As a new profession in Bangladesh, there are very few researches related to Respectful Maternity Care. Further research will be needed on this concept to ensure respectful care during labor and birth everywhere and to more in-depth conceptualize the understanding of the concept.

KEY MESSAGE

Establishing respectful care during labor and childbirth is very important for the Midwifery profession in Bangladesh.

ICMBALI-1731 - Defending women's rights through promoting respectful maternity care practice Lake and Western Zones of Tanzania

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PURPOSE

Sharing lessons learned and impacts from innovative midwife-led training in Respectful Maternity Care (RMC) in rural Tanzania

BACKGROUND

Research demonstrates that worldwide many women encounter disrespect and abuse in healthcare facilities; this mistreatment deters women from seeking healthcare. Researchers highlight disrespectful and abusive care as a particular issue in Tanzania, where as 37 % of births take place at home, a significant risk factor for maternal and neonatal morbidity and mortality.

OBJECTIVES

This presentation has two objectives: To describe an innovative training designed and delivered by a team of Canadian and Tanzanian midwives on integrating RMC into midwifery practice in a low-resource setting and highlighting impacts of the training on midwifery practice and client satisfaction, based on two years of evaluation.

METHODS

This presentation will describe the training and the evaluation methodology Training method: The workshop was innovative from the ground up, combining Canadian and Tanzanian expertise, and working in a collaborative team to develop and deliver a workshop using a variety of participatory methods including role-plays, anatomical models, demonstrations and group work. Assessing impacts: Pre- and post-test assessments of midwives trained and follow-up on postnatal women satisfaction. Follow up methods included interviews and focus group discussions at community, clinics and postnatal ward.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

To improve midwifery service delivery

RESULTS

A total of 175 practicing midwives were trained in 2017, from small and low-resourced teaching hospitals in rural and remote Tanzania. Strikingly, most midwives who participated confessed that they had witnessed or participated in disrespectful or abusive care , often due to lack of knowledge. Results suggest that, the workshop were powerful with sustained impacts. Post-test scores increased by 21 % over pre-test. Increased postnatal women satisfaction from 63 % to 83 %.

CONCLUSIONS

Successful partnerships create effective capacity building. Participatory trainings and follow up improves quality of care.

KEY MESSAGE

Gender/Reproductive Rights, Respectful care.

ICMBALI-1885 - Implication of respectful midwifery care for preparing midwifery 2030 as a way to improve quality care in Indonesia

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BACKGROUND

800 women are dying each day from complications in pregnancy and childbirth. The trauma that occurs at the time of the birth is not only the main cause of a sense of loss to someone, the existence of discrimination and harassment at birth is something that is against human rights. Respectful Maternity Care agreement explained that there were a number of things that Midwives had to guard as labor assistants.

OBJECTIVES

This literature review will appraise the concept of respectful midwifery care and its implication as a preparation for Midwifery 2030 in Indonesia.

METHODS

This research was a literature study. The method used in this study is to conduct analysis and literature review of several supporting references. Some references were cited and reviewed and then made an analysis related to the topic of this study.

RESULTS

The State of the World's Midwifery includes a new framework for the provision of client-centered care known as the Midwifery 2030 pathway. One of the basic components in the midwifery 2030 flow is to provide services based on respectful midwifery care. Lack of effective and comprehensive education for health professionals; Lack of understanding of the role of a labor-support person; Provider perception that birth is highly dangerous for women and baby; the woman is a "patient,"; Lack of midwives as specialists in normal care; Denigration, and sometimes overt humiliation of women who desire a normal birth in the hospital; Fear of legal repercussions and policies/guidelines are factors that interrupt this model.

CONCLUSIONS

We can conclude that in order to achieve and fulfill respectful midwifery care, midwives need to develop their strategies and models of care.

KEY MESSAGE

RMC is an approach centered on the individual, based on principles of ethics and respect for human rights, and promotes practices that recognize women's and babies preferences and needs.

ICMBALI-2135 - Midwifery: for respectful maternity care in India

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DESCRIPTION OF RESEARCH OR INNOVATION

Evidence suggests that mistreatment of women during childbirth is widespread in India. There is enough evidence on the extent of mistreatment, though little is known about the drivers of disrespect and abuse during childbirth.

My PhD fills that gap through a mixed methods study that explores individual, physical birth environment, policy and social factors about women and care providers through experience, expectations and perspective of mothers, mother in laws and midwives in India.

Midwives and nurses from frontline to policy making roles interviewed. Body mapping is planned with mothers and mother-in-laws. Social determinants being understood quantitatively through data from direct observation of delivery and household interviews with women.

SIGNIFICANCE TO MIDWIFERY

Study finds that midwives and women are both victims of a disrespectful birthing environment and insensitive policy environment in India that does not leave room for respectful maternity care. Addressing the challenges of care providers (midwives) may lead to respectful care provision.

ICMBALI-0917 - Midwives providing sanctuary care for asylum seekers

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2 *University of Technology Sydney, Centre for Midwifery- Child and Family Health- Faculty of Health, Sydney, Australia*
3 *University of Technology Sydney, Australian Centre for Public and Population Health Research, Sydney, Australia*

DESCRIPTION OF RESEARCH OR INNOVATION

International literature demonstrates that asylum seekers in high-income countries often express distress regarding the discrimination and negative interactions they experience with health professionals providing maternity care. The Sanctuary model was developed by psychiatrist Dr Sandra Bloom in the 1980s to provide a safe haven for Central Americans fleeing civil conflict to the USA. The model is a framework for women and midwives that balances psychological, spiritual, cultural, physical and emotional needs. The Sanctuary model promotes safety and respect of individuals who have experienced trauma by providing an innovative and creative context.

SIGNIFICANCE TO MIDWIFERY

This may help midwives understand how past trauma impacts on women's childbearing experiences in a way that is cumulative and ongoing. We need to work with emotional intelligence to support women and fellow midwives create these kinds of safe environments. This presentation summarises how midwives may use the model to enhance care for asylum seekers in their maternity care.

ICMBALI-0490 - Membrane stripping without informed consent: patient perspectives

M. Perhach[1], *M. James A.*[1]

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DESCRIPTION OF RESEARCH OR INNOVATION

Group B Strep International was given information from women whose membranes had been stripped, in the course of a routine cervical exam, without prior consent or discussion. We propose that all healthcare providers should obtain written informed consent of the risks and proposed benefits of membrane stripping for evidence-based inductions.

SIGNIFICANCE TO MIDWIFERY

Midwives and all pregnancy care providers should consider their paramount responsibilities to their patients' autonomy and their own responsibilities to beneficence, justice, and legal issues.

Room 7

CONCURRENT SESSION: AUDIT QUALITY

ORAL PRESENTATION

ICMBALI-1267 - Maternal mortality and 'near miss' morbidity audit in timor-leste: midwifery education and practice implications

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PURPOSE

To describe the process of development of maternal morbidity audit in a setting with high mortality and morbidity.The assessment of severe maternal morbidity is increasingly being undertaken to understand the aetiology and factors, assess care provided and highlight areas for improvement. Timor-Leste has one of the highest rates of maternal mortality; however, there has been limited research into severe obstetric morbidity in the country. This paper describes the development and establishment of an organisational morbidity monitoring and evaluation process at Hospital National Guido Valadares. Baseline data was gathered to determine the aetiology and rates of severe obstetric morbidity.

DISCUSSION

Cases of maternal 'near misses' and deaths were prospectively identified by a multidisciplinary team, using the World Health Organisation maternal near-miss criteria. During the 12 month audit period, 69 severe maternal outcomes were identified: 30 maternal deaths and 39 'near misses'. The maternal mortality ratio and the maternal near-miss ratio were 662/100 000 live births and 8/1000 live births, respectively. The main identified obstetric aetiologies were haemorrhage, pre-eclampsia and sepsis.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Key areas of practice improvement were determined to be: recognition of the deteriorating patient, management of obstetric emergencies and timely referral. Midwives are the primary care providers for many women during pregnancy and childbirth, and these findings prompted a focussed training and development plan. Local evidence suggests that after training there was a reduction in the maternal 'near-miss' cases, in particular recognition of the deteriorating patient. In addition, the implementation of midwifery led mortality and morbidity review had a positive impact on professionalism and professional relationships.

EVIDENCE IF RELEVANT

Evaluating the quality of care for severe pregnancy complications – WHO near-miss approach for maternal health. WHO; 2011.

KEY MESSAGE

Mortality and Morbidity audit, ascertainment of key aspects for improvement, and focussed training and development positively impact outcomes for mothers, and are a key component of midwifery practice.

ICMBALI-0253 - The relationship between internal partograph audit and partograph utilization among health workers at a regional referral hospital in Uganda

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BACKGROUND

A partograph is considered a valuable tool for intrapartum monitoring of mothers in labor, however utilization remains suboptimal in developing countries Uganda inclusive. There is need for analysis of the various partograph improvement strategies such as audit Levin and Kabagyema (2011).

OBJECTIVES

To assess the relationship between partograph utilization and internal partograph audit among health care workers at a regional referral hospital in Uganda.

METHODS

The study used mixed methods with a descriptive cross-sectional approach.

RESULTS

Partograph utilization at the regional referral hospital was found to be 46 %. Four partograph audit practices had a statistically significant relationship with the utilization of partograph. These were the comparison of audit results with criteria and standards of partograph use ($p = 0.000$, $X2 = 40.456$), The reasons why standards aren't met in all cases being identified at the end of the audit ($p = 0.038$, $X2 = 6.530$), an agreement being reached about the recommendations for change once the results of the audit have been published and discussed ($p = 0.017$, $X2 = 12.007$), and whether the findings of the partographs audit are disseminated to the entire staff at the hospital ($p = 0.013$, $X2 = 8.618$).

CONCLUSIONS

Generally, partograph utilization at the regional referral hospital was low 46 %. Partograph audit is not practiced as recommended by ICM, and WHO. There is a direct relationship between partograph utilization and partograph audit. It is recommended that in order to sustain improvements, it is essential for audit to be integrated in facility systems.

KEY MESSAGE

Audit and feed back key in enhancing partograph utilization.

ICMBALI-1055 - Bereaved women should be included in perinatal audits, but with careful attention to the needs of women and Investigators

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2 *French College of Midwives, Scientific comettee, Paris, France*
3 *AP-HP, Pitié-Salpêtrière Maternity Unit, Paris, France*
4 *School of Medicine at Mount Sinai, Department of Population Health Science and Policy, New York, USA*

BACKGROUND

In 2014, a clinical audit of all cases of stillbirth and neonatal death was conducted in Seine-Saint-Denis (SSD), a disadvantaged district in the Paris region with high rates of perinatal and infant mortality. The research team wished to include bereaved women in the audit through interviews. This required the establishment of a referral protocol for women and a psychological support group for the research midwives.

OBJECTIVES

We assessed this component of the study to draw lessons for future research.

METHODS

The audit included 227 stillbirths and neonatal deaths among the 25,037 births in the 11 maternity units in SSD. Data were abstracted from medical records and semi-structured with women. Each case was reviewed by the audit's expert review panel. Characteristics of women accepting an interview, the conditions of the interview and its contribution to the audit were analyzed. We also collected written testimonies from the midwives six months after. Quantitative data were analyzed statistically and qualitative data were analyzed thematically.

RESULTS

75 women accepted an interview and characteristics of respondents and non-respondents were very similar. Interviews lasted an average 90 minutes. In 46 % of cases where a maternal interview was available, the experts stated that it added information necessary for their decisions about suboptimal care and preventable factors. The referral protocol was used in 34.6 % of interviews. From the perspective of the three researchers, the support group helped them to provide better support to the women and to manage sometime complex interactions with medical staff.

CONCLUSIONS

The results of our study show the value and feasibility of consulting women in a perinatal audit even in a socially disadvantaged and high migrant population. It highlighted the importance of having experienced investigators able to implementing referral protocols and of providing psychological support for the investigators.

KEY MESSAGE

Bereaved women should be included when possible in perinatal audits.

Room 7

CONCURRENT SESSION: AUDIT QUALITY

ORAL PRESENTATION

ICMBALI-0782 - Measuring respectful patient-provider interactions during childbirth in selected LAC countries: a multisite descriptive study

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3 *Universidad de la República, Escuela de Parteras, Montevideo, Uruguay*
4 *Universidad Nacional San Marcos Mayor, Escuela de Obstetricia, Lima, Peru*
5 *Universidad de El Salvador, Licenciatura Salud Materno Infantil, San Salvador, El Salvador*

PURPOSE

The symposium aims critically analyse and discuss the quality of midwifery care and midwives role among the participating sites.

The specific objectives are:

1) Present findings from each site.
2) Discuss findings between participant's sites and its connection with findings from previous studies.
3) Analysis of strengths and weaknesses in midwifery education and research.
4) Discuss strategies for action and collaboration among countries.

1ST PRESENTATION

Argentina: Presenter Assoc Prof. Alicia Cillo Local situation and findings

2ND PRESENTATION

El Salvador: Presenter Assoc. Prof. Socorro Mancia. Local situation and findings

3RD PRESENTATION

Uruguay-Chile: Presenter Assoc. Prof. Laura Valli. Local Situation and findings from Uruguay and Chile

4TH PRESENTATION

Peru: Presenter Assoc. Prof. Mirian Solis. Local situation and findings

COMMON FOCUS

Preliminary findings from this LAC research network showed; a highly medicalised midwifery model of care and almost 25 % of participants were not satisfied with the care they received, some reported mistreatment (9). Another study from this network addressing midwives perceptions of empowerment showed a very heterogeneous situation among participants and feelings of loss of professional autonomy (presented at the ICM Regional Conference, Paraguay 2018. Manuscript in process).

Therefore this study aims identifying what do women want and expect from their caregivers and if they feel their rights and autonomy during childbirth are respected, and reflexion about midwives role and autonomy during normal childbirth.

COHESION BETWEEN SECTIONS

Latin America and the Caribbean (LAC) is the *global region with the greatest inequalities in income distribution (1), sexual and reproductive health inequities and gender gaps, as well as provision of midwifery services and practice (2)* reflected in a wide range of health outcomes (3) characterised by *over medicalization of birth,* with highest rates of C sections (4). Despite significant achievements have been made in reducing maternal and neonatal mortality and morbidity, women are usually unaware of professional midwifery and right to humanised childbirth with provider of their choice (2),This heterogeneous profile described above shows that poor quality of care is reported by both "too little, too late and too much, too soon" (5), in general women are confident with health professionals, however they expect trustful relationships with those who provide care, who are also sensitive to their personal and cultural needs (6). Large gaps of midwifery-related research in Latin America and the Caribbean has been documented (7),evidence based good practices for improving quality of maternal and neonatal care are required.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Findings can be useful inputs for improving midwifery practice, education and future research, as well as for health planning in order improving quality of care among women and their new-born.

ICMBALI-0719 - Reducing deaths and injuries associated with unsafe abortion in Pakistan by equipping midwives with postabortion care skills and supplies

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2 *Ipas Pakistan, Research Monitoring & Evaluation, Islamabad, Pakistan*
3 *Ipas Chapel Hil, Program, North Carolina, USA*
4 *Ipas, Program, Peshawar/ Islamabad, Pakistan*
5 *Ipas, Program, Hyderabad, Pakistan*

BACKGROUND

In Pakistan, midwives are not trained on WHO-recommended uterine evacuation (UE) methods for postabortion care (PAC). National study (2012) showed more than 80 % of women seeking abortions received services by untrained midwives and nurses. WHO-recommended methods include misoprostol and manual vacuum aspiration (MVA), yet 59 % of the service providers continue to use dilation and Curettage (D&C) (Health Facility Survey, 2012). As a result, in 2013 and 2016 Pakistan Nursing Council authorized midwives to receive training and provide services for medical abortion (MA) and MVA respectively.

OBJECTIVES

The objective was to provide women-centered UE/PAC clinical training's for doctors and midwives working at primary and secondary healthcare facilities.

METHODS

During October 2018 to February 2019, Ipas Pakistan trained 91 service providers, 43 % doctors and 57 % midwives and provided seed supplies (misoprostol and MVA kits) to 42 facilities.

RESULTS

Baseline data from 42 facilities reported 180 cases of D&C, as the most common applied method. 4 months post training; 838 women received UE/PAC services with gestation age ≤13 weeks. Of these, 54 % (450) were attended by doctors (39 induced, and 411 PAC) and 46 % (388) by midwives (34 induced, and 354 PAC). 228 MVAs were performed, of which 52 % (119) by doctors and 49 % (109) by midwives. Total MA were (n = 546) and almost 50 % done by doctors, and midwives respectively. Other methods including D&C were only 8 % (64). Uptake of postabortion modern contraception was 66 % (555). One serious adverse event reported was successfully managed.

CONCLUSIONS

Midwives and doctors, when appropriately trained, can provide UE/PAC services and almost eliminated use of D&C.

KEY MESSAGE

There is a strong need for collaboration between governments and NGOs to expand UE/PAC clinical training's including midwives. This will expand the provision of safe services to under served women in rural areas and help reduce deaths and injuries from unsafe abortion.

ICMBALI-2078 - Provision of medical abortion by midwives in Kyrgyzstan: testing an intervention to expand safe abortion services to underserved rural and periurban areas

C. Kazakbaeva[1], E. Maksutova[2], J.J. Ronni[3], A. Boobekova[4], D. Ainura[5], L. Sihem[3], L. Gunta[6], S.J. Armando[7]

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2 *National Institute of Mother and Child Health, Department of Family Planning-, Bishkek, Kyrgyzstan*
3 *World Health Organization, Department of Reproductive Health and Research, Geneva, Switzerland*
4 *Ministry of Health, HR departments, Bishkek, Kyrgyzstan*
5 *Reproductive Health Centre, regional office, Jalal-Abad, Kyrgyzstan*
6 *World Health Organization Regional Office for Europe, Division of Noncommunicable Diseases and Promoting Health through the Life-course, Copenhagen, Denmark*
7 *Instituto Nacional de Higiene, Epidemiología, La Habana, Cuba*

BACKGROUND

This study responds to a priority strategic assessment recommendation to train midwives to provide medical abortion in order to extend safe abortion care to women living in underserved rural and periurban areas of Kyrgyzstan.

OBJECTIVES

To demonstrate the feasibility, safety and effectiveness of training midwives to provide medical abortion and post-abortion contraception in selected health centres and Feldsher Obstetric Points in Kyrgyzstan. In addition, assessments were made of women's acceptability of medical abortion provided by midwives.

METHODS

We conducted an observational study to demonstrate that trained midwives in Kyrgyzstan can provide safe and effective abortion care with combination mifepristone-misoprostol. Midwives were also trained and equipped to provide selected post-abortion contraceptives. Services and recordkeeping were monitored monthly by supervising gynaecologists based in a referral centre and study investigators based in Bishkek. Women's acceptability of medical abortion services was assessed through a self-administered questionnaire. All study data were crosschecked and transmitted to Bishkek where they were entered into the online data management system, *Open Clinica*.

RESULTS

Midwives provided medical abortion to 554 women with an effectiveness rate of 97.8 per cent. Nearly all women (99.5 %) received a contraceptive method post-abortion and there was near universal acceptability of the service.

CONCLUSIONS

Midwives in Kyrgyzstan can provide medical abortion safely and effectively using a co-packaged product containing mifepristone and misoprostol. Effectiveness of the procedure does not vary regardless of whether women take misoprostol in the clinic or a home.

KEY MESSAGE

Abortion; medical abortion; midwives; midlevel providers; Kyrgyzstan.

Room 8

CONCURRENT SESSION: ABORTION SERVICES

ORAL PRESENTATION

ICMBALI-2093 - Using CMIS and data to influence programmatic decisions to improve access to quality comprehensive abortion care and family planning services

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2 *Reproductive Health Uganda, Programms, Kampala, Uganda*

PURPOSE

Health care providers generate data but they rarely reflect/ use it to benefit their day to day operations. The project design focused on strengthening data utilization by empowering frontline health care providers to analyze and interprete data generated for evidence-based planning and decision making.

DISCUSSION

Strategies used included data review meetings, External and internal Data Quality Audits, Client exit interviews, Clinic Information Management System (CMIS), capacity building to collect, store, validate, analyze and make evidence-based decisions using Decision Making Tool. Data based decisions included; Change and adoption of new strategies; due to low growth and declining trends across clinics, during school holidays, branches recruited peers out of school to supplement the in-school peers and community mobilizers. Strengthened partnerships through demand generation meetings with key stakeholders; adoption of quarterly camps to replace routine monthly free service days; demand generation drives and radio announcements resulted from analyzing the sources of information for clients.CMIS compliance reduced data loss, paper work from multiple registers and costs, data completeness, enhanced clinic staffs' use of data, accurate, timely, quality reports and reinforced internal capacity, quality of care approaches to improve clients' confidence, reduce waiting time, tracking project indicators and strategy development to address emerging challenges. Positive performance trends with 62 % growth in uptake of Post abortion family planning, realized through integration and acceptability of contraceptive method counselling as an integral component of comprehensive abortion care.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Knowledge management through quality data analysis (statistical and qualitative) for every result is subjected to What, Why, Where, When, who, when and how questions. The outcome generated forms the basis of recommendations to improve, sustain or change approach. Data review for decision making, performance/trends analysis are key monitoring and evaluation approaches to keep track and enabled providers to have common understanding of the project outputs and approaches.

KEY MESSAGE

Empowerment, Family Planning, Mentoring.

ICMBALI-1766 - Care approaches of self-employed midwives in home-based postnatal care

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2 *Hochschule Osnabrueck - University of Applied Sciences, Midwifery Sciences, Osnabrueck, Germany*

BACKGROUND

Although for most women and children the postnatal period is uncomplicated, postnatal care needs to address any deviations from expected recovery. International the postnatal time is seen as the most neglected time for the provision of quality services (WHO 2013). In Germany, midwives are the primary healthcare givers and support young families up to 12 weeks after birth and beyond. However, little is known about the experiences and care approaches of self-employed midwives in home-based postnatal care.

OBJECTIVES

This study aimed to explore care approaches during postnatal home visits from the midwives' perspective and to describe their views in relation to what they perceive as their role in home-based postpartum care.

METHODS

This qualitative study was based on the data collected from semi-structured interviews with 28 midwives. The data were collected during two surveys between 2013 and 2015. Participants were included if they had provided community-based postnatal care for a minimum of two years. Qualitative content analysis and hermeneutic interpretation were used to analyse the material.

RESULTS

Three main categories were identified: guiding perceptions, midwifery knowledge as basis for performance and determinants of midwifery care. Apart from specific care concepts, the findings allowed the analysis of various care determinants, such as the healthcare of both mother and child, the formation of the midwife-woman relationship, the inclusion of familial support and various structural care determinants. The heterogeneous field of postnatal care is particularly evident within care priorities as well as in individual care approaches of the midwife.

CONCLUSIONS

Implications of the study include the need for models of continuous midwifery care as well as educational concepts, which focus on community-based midwifery practice. Evidence-based guidelines could help support the midwives in utilizing their resources to enable optimum women-centered postnatal care.

KEY MESSAGE

This study demonstrates a comprehensive description of midwifery practice after childbirth.

ICMBALI-0170 - The development of a postnatal plan for deprived families in Belgium

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1 *Karel de Grote University college, Midwifery, Antwerpen, Belgium*

BACKGROUND

The postnatal hospital stay is shortened in Belgium due to governmental changes. Consequently mothers will receive more community care. However professionals are concerned about families in deprived conditions and the potential lack of care they might receive. Therefore this study will focus on exploring the postnatal care provided for these families and develop a specific plan.

OBJECTIVES

To develop a postnatal care plan for deprived families in Belgium.

METHODS

The first phase had a mixed method design. The quantitative phase recruited mothers during their hospital stay and asked to complete a survey on deprivation criteria. Six weeks later a second survey evaluating the postnatal care criteria was provided. This data was used to develop a topic list used in the qualitative part. Interviews with deprived mothers and focus groups with professionals were organized to explore the possible content. The second and current phase of the study exists of developing an online tool that helps professionals coordinating and planning care for deprived families.

RESULTS

Survey analysis showed that certain postnatal criteria differed significantly depending on the deprivation level. This was explored further with 8 mothers and 14 experts. A specific plan for deprived families was developed following thematic analysis. It consists of a basic package involving midwifery care, buddy support, etc. Further additional packages like language support or logistic needs can be added if applicable. Therefore the postnatal plan can be individualized. To ascertain a wide implementation, the choice was made to create a flexible digital platform. This is currently being developed.

CONCLUSIONS

The digital plan for deprived families is currently under development. It will be ready in September 2019 and able to be presented at the conference. This tool will also be piloted further along in the project.

KEY MESSAGE

The development of a postnatal plan for deprived families personalized to their needs.

ICMBALI-0772 - An alternative approach to the Dutch postpartum care system: more flexibility in planning

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BACKGROUND

In the Netherlands, in-home postpartum care is provided by a maternity care assistant (MCA). The length of care (i.e. generally 49 hours) can fluctuate depending on various factors. However, these postpartum care hours have to be offered within the set timeframe of the first ten consecutive days after birth. Little to no scientific knowledge exists on the effectiveness of this system, including its organisational structure of offering the postpartum care hours. Experiences from the field tell us that both women and MCAs consider the set timeframe of ten days suboptimal to ensure quality care.

OBJECTIVES

To gain in-depth knowledge on the effect of flexible planning of postpartum care hours on the health of mother and baby.

METHODS

The study design is a RCT on the level of the individual client (those who have the intention to breastfeed). The intervention group can spread and/or pause the care in the first 14 days postpartum. The control group receives the standard planning of care. Primary outcome measure is successful breastfeeding at four weeks postpartum. Secondary outcome measure experienced self-reliance at four weeks postpartum.

RESULTS

Since this study is still in progress no final results are available yet but will be by the time of the conference. We expect that having more flexibility in planning postpartum care hours will ensure better individualised care. As spreading and pausing the care is possible, MCAs can perform their work better resulting into higher breastfeeding rates and experienced self-reliance by women.

CONCLUSIONS

Each woman has different needs during the early postpartum care period. It is essential that postpartum care organisations recognise these needs and respond them accordingly, while considering the organisational limits.

KEY MESSAGE

Allowing more flexibility in providing postpartum care is essential to ensure individualised care.

ICMBALI-1648 - PTSD post childbirth: how the interactions between women, midwives, and maternity services influence women's experiences and subsequent trauma

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1 *Edinburgh Napier University, School of Health and Social Care, Edinburgh, United Kingdom*

BACKGROUND

Post Traumatic Stress Disorder post childbirth (PTSD-PC) has significant implications for women, children, and families. The strongest predictors for PTSD-PC are woman's subjective experiences, particularly interpersonal factors. Also, Quality of care Provider Interaction (QPI) significantly correlates with PTSD-PC.

OBJECTIVES

Develop deeper understanding of QPI from the perspective of women with PTSD-PC and midwives. Identify key issues to be addressed within maternity services.

METHODS

In 2017 Interpretative Phenomenological Analysis (IPA) was used to explore women's and midwives' lived experiences of interacting during care. In keeping with appropriate IPA samples sizes, six women with PTSD-PC and six midwives took part in semi-structured interviews that were audio-recorded and transcribed verbatim. Women were screened for PTSD-PC using the City Birth Trauma Scale. Ethical approval was granted by the funding university.

RESULTS

Women's expectations that midwives will 'Be with' them, acknowledging and supporting their needs were 'Shattered'. Organisational demands restricted midwives desires to 'Be with' women. Key converging themes: 'We are human' and 'Relationship is central'. Unacknowledged, unmet human needs of midwives, alongside bullying and undermining, contributed to poor provision of QPI by midwives and poor perception of QPI by women. 'Dysfunctional, lost or absent relationships' created trauma hotspots for women and distress and grief for midwives.

CONCLUSIONS

Maternity services should reflect on models of care that neglect human and relational needs of women and midwives. Midwives struggle to balance conflicting ideologies of care: 'Vigil of Care: top down surveillance' and 'Care as Gift: compassionate and respectful', trying to fulfil their desires to 'Be with' women and maintain safety. For midwives to optimise QPI they first need acknowledged and supported as human by a midwife-centred system. Improved QPI holds potential to reduce trauma and PTSD-PC.

KEY MESSAGE

'How' care is provided is not optional. Interpersonal interactions contribute to poor psychological outcomes for women, potentially influencing their physical outcomes.

Wednesday, 9 June,
14:00 PDT

UNFPA: *Midwives' Associations and their experiences of the Covid 19 Pandemic*

Sarah Bar-Zeev (USA), Sally Tracy (Australia), Donna Hartz (Australia), Endelina Uushona (Namibia), Marlene Reyns (Belgium), Mary Sitaing (Papua new Guinea), Maria Palacio (Ecuador), Sally Pairman (Netherlands)

Session sponsored by UNFPA and J&J Foundation.

Midwives around the world are facing challenges and disruptions to their professional and private lives. The International Confederation of Midwives (ICM) supports, represents and works to strengthen professional associations of midwives throughout the world. In 2020 with funding from UNFPA and Johnson and Johnson, ICM coordinated a global research study to understand the experiences of professional associations of midwives during the COVID-19 pandemic outbreak.

The aim of this study was to determine the impacts, challenges and responses of midwives' professional organisations to the pandemic, and to identify the issues that continue to face women and midwives.

Primary outcome measures include the extent to which the midwifery profession was recognised by governments in planning a response to the pandemic and to what extent regulations and employment conditions have changed. Outcomes also included the benefits and challenges of having to provide centralised or community services in response to the pandemic.

METHODS

A descriptive cross-sectional survey using an on-line questionnaire was sent to every midwives' association member of ICM. The link to the survey was distributed by email from ICM Head Office in The Hague with an invitation to participate on a voluntary basis with one response per association.

SURVEY INSTRUMENT

The survey was developed by a global team of midwife researchers and clinicians with experience in understanding how maternity care has changed since the outbreak of COVID-19. It consisted of 106 questions divided into seven discreet sections. Each member association could select to answer in English, French or Spanish.

RESULTS

There were 101 responses received from the 143 member associations representing 83 out of 124 countries in which these associations are located. Seventy one percent (71 %) of associations reported that there had been a national strategy to provide PPE, with over 20 % of associations reporting no strategy. This was reflected in the fact that 56 % of associations reported receiving PPE at the outset of the pandemic and 38 % did not. Forty to fifty percent of associations reported that midwives were forced to make their own PPE, buy their own, or reuse single use PPE. More than half of the associations reported disruption to maternity services where women had to change their plans for place of birth and in many cases maternity facilities became Covid centres. Half of all respondents stated that women were afraid to give birth in hospitals during the pandemic resulting in both homebirth and community midwifery being in higher demand than before the pandemic. A great majority of associations reported that midwifery student access to practical or clinical placements has been (and for some continues to be) disrupted and their registrations as midwives have been delayed. More than 50 % of the associations reported that governments do not consult them, and they have little or no say in policy at government levels. These poor outcomes were not exclusive to high-, middle- or low-income countries. Morale appears to be very low amongst midwives globally.

In the words of one association "Midwives' levels of burnout increased; their mental health decreased. Many are facing financial stressors. Through adopting telehealth midwives now offer an altered prenatal and postnatal visit schedule with fewer visits. Women attend visits alone unsupported by their partner(s)…"

CONCLUSIONS

Over 80 % of respondents said their Association advocated on behalf of midwives for safer working conditions and the provision of protective equipment. Over 60 % said their Association advocated for COVID-19 testing of midwives. Over 40 % of respondents said their Association advocated to increase home birth or community midwifery care. The overwhelming response was that Associations are providing the best support through the pandemic.

Wednesday, 16 June

Wednesday, 16 June, 04:00 PDT
Parallel sessions 6

Room 1 (INTERPRETATION)

PARTNER FUNDED SESSION: WHO: FOR THE GREATER GOOD. THE ROLE OF MIDWIVES IN THE PROVISION OF SEXUAL AND REPRODUCTIVE HEALTH CARE – AND THE LATEST WHO EVIDENCE AND TOOLS

WHO: For the greater good. The role of midwives in the provision of sexual and reproductive health care – and the latest WHO evidence and tools

Ian Askew (Switzerland)
Frances McConville (Switzerland)
Christina Pallitto (Switzerland)
Nathalie Broutet (Switzerland)
Morkor Newman (Switzerland)
Patricia Titulaer (Netherlands)
Mary Lyn Gaffield (Switzerland)
Avni Amin (Switzerland)
Bouchra Haddou Rahou (Morocco)
Anna Thorson (Switzerland)
Elizabeth Iro (Switzerland)
Elizabeth Noble (Switzerland)

This WHO Partner Panel will help you find out all the latest evidence, guideline and tools on sexual and reproductive health and rights , and provide an opportunity for YOU to let WHO know what you need, as well as sharing your experiences when caring for women.

The ICM essential competencies include using research to inform practice; upholding the fundamental human rights of individuals when providing midwifery care; preventing and treating common health problems related to reproduction and early life; caring for women who experience violence and abuse; providing care to women with unintended or mistimed pregnancy, as well as providing contraceptive services.

- Come and watch the new WHO film about midwives and FGM and learn about new WHO resources.
- Find out what WHO is doing to eliminate cervical cancer as a public health problem, and what midwives can do to help.
- Let's talk about what midwives can do to help prevent mother-to-child transmission of syphilis and HIV.
- Get updated on all the latest WHO guidelines and education tools including on contraception and medical abortion.
- Find out about the new WHO curriculum Caring for women subjected to violence: A WHO curriculum for training health-care providers.
- Need to know more about COVID-19? This is the session for YOU!

Join midwives, researchers and speakers from around the world to find out what is being done by WHO, UNFPA and FP2020, and other partners to support midwives to provide SRH services. Join the discussions on key actions and challenges and the critical importance of midwives in addressing them. The session will be chaired by Elizabeth Iro, WHO Chief Nurse and experienced midwife with panel discussions led by Ian Askew, Director of WHO Department of Sexual and Reproductive Health.

ICMBALI-0591 - Are disrespect and abuse during childbirth associated with postpartum posttraumatic stress disorder? Results from a cross-sectional survey in Germany

C.M. Limmer[1], *K. Stoll*[1,2], *M. Gross*[1]

1 *Hannover Medical School, Midwifery Research and Education Unit, Hannover, Germany*
2 *University of British Columbia, Birth Place Lab- Department of Family Practice- Faculty of Medicine, Vancouver, Canada*

BACKGROUND

Increasing global evidence on disrespect and abuse during childbirth results in a growing concern about the quality of care childbearing women are experiencing. Though it seems obvious that disrespectful and abusive maternity care may cause trauma, scientific evidence on its relationship with postpartum posttraumatic stress is still scarce.

OBJECTIVES

To assess disrespect and abuse during childbirth and their associations with postpartum posttraumatic stress.

METHODS

An online survey was conducted with 2045 participating women who had given birth in Germany between 2009 and 2018. The survey tool was developed and validated by the authors of this study and included MOR-G, a validated German version of the "Mothers on Respect" index (MOR, Vedam et al., 2017a, doi.org/10.1016/j.ssmph.2017.01.005), the "Mothers' Autonomy in Decision Making" scale (MADM, Vedam et al., 2017b, doi.org/10.1371/journal.pone.0171804), and a mistreatment-index (MIST-I) covering common experiences of mistreatment during childbirth. The PTSD Symptom Scale – Self Report (PSS-SR) was used to assess posttraumatic stress symptoms. Ethics approval was obtained from the Ethics Committee of Hannover Medical School (No. 8075_BO_K_2018). Associations between MOR-G, MADM and MIST-I scores and PSS-SR scores were investigated via non-parametric correlation analysis.

RESULTS

MOR-G, MADM and MIST-I scores were significantly ($p < 0.01$) correlated with PSS-SR scores (spearman's rho -0.70, -0.61 and 0.68 for MOR-G, MADM and MIST-I, respectively), i.e. lower respect, lower autonomy in decision-making and more mistreatment experiences, respectively were found to be associated with higher perceived posttraumatic stress.

CONCLUSIONS

Disrespect and abuse during childbirth may be associated with severe mental health problems postpartum.

KEY MESSAGE

By providing respectful, dignified and supportive care to women during childbirth, midwives and other health care providers play a key role in preventing trauma with its possible negative impact on women's, family and child health.

ICMBALI-0852 - The Voice of women – women's perspective of their midwifery care through a Midwifery Quality Assurance program

L. Dixon[1], J. Anderson[1], A. Eddy[1], S. Daellenbach[2]

1 *New Zealand College of Midwives, Midwifery Advisor, Christchurch, New Zealand*
2 *New Zealand College of Midwives, Midwifery and Maternity Provider Organisation researcher, Christchurch, New Zealand*

BACKGROUND

Obtaining feedback about the care they provide is an important aspect of reflective practice for midwives and is supported by the New Zealand College of Midwives (the College) through a formal on line feedback process. The College receives more than 20,000 anonymised feedback forms from women about their experience of midwifery care each year. The feedback is used by the midwife as part of her Midwifery Standards Review (MSR). The feedback questions are based on the Midwifery Standards for Practice and provide the midwife with essential information on how her care is perceived by women to assist with reflection on her practice.

OBJECTIVES

To identify the characteristics of midwifery care that women describe as having had a positive or negative effect on their maternity experience.

METHODS

A retrospective analysis of the data in the consumer feedback forms has been undertaken for a period of six months. The consumer feedback form has eleven statements related to midwifery care. Each statement has a five level Likert scale of agree/disagree and an opportunity to provide an open text response. The form also enables the woman to provide extended feedback or comment. Quantitative analysis of the Likert scales has been undertaken along with thematic analysis of the open text feedback.

RESULTS

Analysis of the data is ongoing. The vast majority of feedback from women identifies positive perceptions of their midwifery care with 1 % of feedback identifying negative perceptions. Early themes identified are; the importance of feeling well informed about their care, being treated with respect, kindness and compassion and understanding the options available. Negative perceptions were related to being busy, time constraints and debriefing opportunities.

CONCLUSIONS

Women value the opportunity to provide individualised feedback to their midwives in an anonymised way.

KEY MESSAGE

Women's feedback is a rich source of data about how women perceive their midwifery care.

ICMBALI-0952 - A survey on knowledge and perceptions of Thai pregnant women about the role of the midwife, Thailand

S. Liblub[1], L. Gum[1], M. Bazargan[1]

1 *Flinders University, College of Nursing and Health Sciences, Adelaide, Australia*

BACKGROUND

Midwives have long been recognized to have a major role in maternal care around the world. Despite this, midwives are continuously challenged to re-examine their role and scope of practice. This presentation reports on research which was based on the premise that there may be misunderstandings among pregnant women regarding the role of the midwife in Thailand. The elective caesarean section rate in Thailand has been increasing over the last decade. Multiple factors were found to influence the utilisation of different health care providers in intrapartum care. Whilst it is well-known that the role of the midwife is to conduct normal birth, there is limited knowledge of Thai pregnant women's perceptions of the scope of midwives' role in the context of intrapartum care.

OBJECTIVES

This study was exploring Thai pregnant women's views about the role of the midwife and identifying the perceptions and views of Thai pregnant women in relation to the selection of intrapartum care providers.

METHODS

A descriptive survey collected Thai pregnant women's responses through an online survey.

RESULTS

Not all participants were clear about the midwife's role during labour and birth. This study found that although Thai woman believes midwives play an important role in birth support, they did not necessarily consider them to be the main provider for conducting normal birthing in low-risk pregnant women. Pregnant women implied this was because they were more confident with a physician in comparison with the midwife during labour and birth.

CONCLUSIONS

Understanding of the role of the midwife from a pregnant woman's viewpoint informs current midwifery practice in Thailand. In the future, it is hoped to further promote and encourage normal birthing with midwives, leading to policy changes to reduce the unnecessary caesarean rate in Thailand.

KEY MESSAGE

Women's perception can be used as fundamental data for developing midwifery practice.

ICMBALI-1763 - What does our mob think? Exploring the maternity care experiences of Australian Aboriginal and Torres Strait Islander women who were offered continuity of midwife care

P. Mccalman[1,2], H. McLachlan[1], D. Forster[1,3], M. Newton[1], F. McLardie-Hore[1,3]

1 *La Trobe University, Judith Lumley Centre, Bundoora, Australia*
2 *Royal Women's Hospital, Maternity Services, Melbourne, Australia*
3 *Royal Women's Hospital, Midwifery & Maternity Services Research, Melbourne, Australia*

BACKGROUND

In Australia, Aboriginal and Torres Strait Islander mothers and babies experience poorer perinatal outcomes compared with non-Indigenous Australians, as well as poor experiences of care. Caseload midwifery is associated with improved outcomes for mothers and newborns, however, few Aboriginal and Torres Strait Islander women have access to caseload midwifery. In response, a number of maternity services in Victoria, Australia, have commenced proactively offering caseload midwifery to Aboriginal and Torres Strait Islander women.

OBJECTIVES

This study aims to explore Aboriginal and Torres Strait Islander women's views and experiences of maternity care at the study sites which are offering the vast majority of Aboriginal and Torres Strait Islander women caseload midwifery.

METHODS

The study methodology was developed with the research team, the Victorian Aboriginal Community Controlled Health Organisation, and an Aboriginal Advisory Committee. Women expecting an Aboriginal and/or Torres Strait Islander baby are invited to participate in a face to face structured interview during pregnancy, and then by telephone at three months postpartum. A sub-set of women are also offered an in-depth face to face interview. Analysis is concurrent, allowing the sites to respond to women's needs.

RESULTS

Data collection commenced in April 2017. To date, 215 antenatal interviews and 90 postpartum interviews have been completed. Factors that women rate as most important during pregnancy are having their privacy and confidentiality respected; feeling that they can trust staff; and that family members can attend check-ups. Women reported feeling trusting of their caseload midwives, and feeling safe and listened to.

CONCLUSIONS

This study provides important information about what matters to Aboriginal and Torres Strait Islander women who are having a baby in Victoria, Australia. Women's positive feelings about caseload midwifery have been demonstrated.

KEY MESSAGE

Caseload midwifery can provide Aboriginal and Torres Strait Islander women and their families with maternity care that meets the needs of the community.

ICMBALI-0748 - Facilitating group antenatal care: an introduction

S. Jans[1], M. Rijnders[2], I. Aalhuizen[3], K. van Groesen[4], S. Rising[5], C. Klima[6]

1 *TNO, Child health, Utrecht, Netherlands*
2 *TNO, Child health, Leiden, Netherlands*
3 *KNOV, Prevention & Innovation, Utrecht, Netherlands*
4 *Centering Health Care the Netherlands, Midwifery, Sneek, Netherlands*
5 *Group Care Global, Group Care, Silver Spring MD, USA*
6 *University of Illinois Chicago, Department of Women- Children and Family Health Science, Chicago, USA*

THE LEARNING OUTCOMES

Group prenatal care is an innovative model of care in which traditional individual prenatal visits are replaced by two hour group sessions consisting of eight to twelve women with similar gestational ages. Groups are facilitated by a midwife or physician together with a co-facilitator. This relationship-centered, empowering model encourages women to support each other to have the healthiest pregnancy, birth and parenting outcomes possible. The model provides continuing support for women after pregnancy through community building. Evaluation studies consistently demonstrate good medical and psychosocial outcomes for mother and baby and increased satisfaction with care for both mothers and midwives. The interactive workshop introduces participants to this care model utilizing the power of the group to encourage participants from high, middle and low income countries to become group care leaders and improve health outcomes in their regions.

The learning outcomes: at the end of the session participants are able to:

describe steps needed to implement group care.

discuss the changing role of the health care professional from instructor to facilitator.

experience activities and exercises that are used in group care.

describe importance of facilitative leadership.

THE PROCESS/ACTIVITIES

We will start one Zoom room and use our camera to present / stream our introduction slides (if applicable) to the attendees.

Flow and timeline:

1. Brief overview of the model (15 min) in one Zoom Room.
2. Experiential learning in 2 small groups (50 min) using 2 virtual break-out rooms.
   - Virtual opening exercise.
   - overview of brief 3 minute health assessments and self-assessment.
   - interactive virtual activity focused on common pregnancy topic.
   - Virtual closing activity.
3. Returning to main Zoom room to process and discuss the small group activities (25 min).
   - implementation step.

AUDIENCE PARTICIPATION

Everyone in the audience will participate in all group activities and exersizes.

REFERENCES

Rising SS, Quimby CH, The CenteringPregnancy® Model: the power of group health care. (2017) NY: Springer Pub.

Patil C, Klima C, Steffen A, etal. (2017) Implementation challenges and outcomes of a randomized controlled pilot study of a group prenatal care model in Malawi and Tanzania. Int J Gynecol Obstet 2017:1–7.

Rijnders M, Jans S, Aalhuizen I, Detmar S, Crone M. Women-centered care: Implementation of CenteringPregnancy® in The Netherlands. Birth. 2018 Dec 27. doi: 10.1111/birt.12413.

Byerley BM, Haas DM. A systematic overview of the literature regarding group prenatal care for high-risk pregnant women. *BMC Pregnancy Childbirth*. 2017;17(1):329–017–1522–2.

Room 4

WORKSHOP: WHERE ARE THE WOMEN? GENDER TRANSFORMATIVE LEADERSHIP DEVELOPMENT FOR HEALTH WORKERS

ICMBALI-1258 - Where are the women? Gender transformative leadership development for health workers

V. Sirtor-Gbassie[1], H. Mondaye[1], S. Hodge[1], J. Breads[2], M. Betron[2], Z. Mirzaei[3], P. Hardtman[4]

1 *Jhpiego, Liberia Office, Monrovia, Liberia*
2 *Jhpiego, HQ Office, Baltimore, USA*
3 *Jhpiego, Kabul, Afghanistan*
4 *Jhpiego, Baltimore, USA*

THE LEARNING OUTCOMES

1) Understand the harmful influence that gender and gender roles can have on performance at work places.
2) Identify specific priority actions to overcome the root cause of gender-based constraints on gender equitable performance and advancement in the health workforce.

THE PROCESS/ACTIVITIES

The workshop will include video presentations, practical exercises, and group discussions focused on various aspects of gender-responsive leadership.

Presentations: Key gender concepts and their implications for leadership and management supported with global evidence will be presented. Theories on gender and leadership will also be articulated to provide a framework for the strategies and interventions. The application of these frameworks and strategies in a leadership development program for midwives in Liberia and results will also be highlighted as an illustrative example.

Practical exercise: Management Circle Participants will break into groups of 10–15 people to view a short video "What works best for women at work': 'The Tightrope". Small group discussion will demonstrate how to walk the tightrope successfully between being perceived as too "masculine" or too "feminine. This Small group discussion will be guided by an Educational group activity which helps participants learn from experts and one another. During this activity, participants review the primer on gender bias and the key takeaways from the "Tightrope" video and navigating Tightrope through role paly. Participants will use the role-play activity and their experiences to discuss ways to navigate Tightrope bias. At the end each participant will commit to "One Action" they're going to take when they return to their individual workplace.

Discussion: Participants will have the opportunity to debrief the exercise in plenary and ask questions about the process to the facilitators.

AUDIENCE PARTICIPATION

This session will be designed to be an interactive and encourage audience participation through guided group discussions, case studies, short videos, and introduction to practical job aids.

REFERENCES

World Health Organization (2019). "Delivered by Women, Led by Men: a Gender and Equity Analysis of the Global Health and Social Workforce." Retrieved electronically from https://www.who.int/hrh/resources/health-observer24/en/

Myra Betron, Ivy Bourgeault, Mehr Manzoor, Ema Paulino, Rosalind Steege, Kelly Thompson,Tana Wuliji, on behalf of the Global Health Workforce Network's Gender Equity Hub. (2019). "Time for gender-transformative change in the health workforce." *The Lancet special issue on Advancing Women in Science, Medicine and Global Health*. ww.thelancet.com Vol 393.

Joanna Barsh, director emeritus McKinsey & Company and author of Centered Leadership and How Remarkable Women Lead, along with McKinsey & Company. https://leanin.org/circle-resources.

SPONSOR

GIZ, Jhpiego.

SYMPOSIUM: PROTECTING NORMAL BIRTH IN A CRISIS: GLOBAL MIDWIFERY CENTRES ANSWER THE CALL DURING COVID-19

ICMBALI-0781 - Protecting normal birth in a crisis: global midwifery centres answer the call during COVID-19

J. Stevens[1], P. Pelletier-Butler[2], L. Rocca-Ihenacho[3], C. Alonso[4]

1 *Goodbirth network, Goodbirth, Providence, USA*
2 *Thomas Jefferson University, Midwifery Institute, Philadelphia, USA*
3 *City University London, Centre for Maternal and Child Health Research, London, United Kingdom*
4 *Harvard University, DrPH program, Boston, USA*

PURPOSE OF THE SYMPOSIUM

In high-income countries, strong prospective evidence has found community-based, midwifery-led BCs to be safe, cost-effective, satisfying, and often preferred by women to hospital-based birth. Additionally, they offer midwives an opportunity to enhance their ownership and autonomy as well as providing full-scope midwifery model of care in the community. The purpose of this symposium is to explore the impact and experiences of the Covid-19 pandemic on midwifery-led centres in low, middle and high-income countries. Case presentations by centres in low, middle- and high-income countries will be highlighted to compare the impact of the pandemic. Special focus will be given to low-and-middle-income countries.

Questions addressed will include: How have midwifery-led centres responded to the challenges of a pandemic? What policies were implemented to keep them safe? How have midwifery centres met the needs of women and their communities during a pandemic? What clinical changes were implemented to respond to Covid-19?

1ST PRESENTATION

Dr. Pelletier-Butler: Introduction of Midwifery-led BCs in Different Countries

Moderator: Dr Paula Pelletier-Butler, from the U.S., will open with a discussion of current global status on midwifery-led birth centres, and a brief overview of national midwifery centre organizations. Examples of midwifery-led centres will be offered from the Moderator's doctoral study and a discussion of safety and models of care from Goodbirth's pilot study, to frame and focus on low- and middle-income countries.

Individual Presentations: The presentations will be divided by High-Medium and Low-Income countries and will report on their respective response to Covid-19 and how they have continued to provide midwifery care in their communities in the midst of a global pandemic. Other highlights will include clinical outcomes, cost-effectiveness, experiences as well as on barriers and facilitators for global midwifery centres.

2ND PRESENTATION

Dr. Rocca-Ihenacho (or alternate from Midwifery Unit Network) and Trinisha Williams

High-Income Country: Representatives from midwifery centres in high-resource countries will share how Covid-19 impacted birth centers/midwifery centres in North America and the EU including challenges, triumphs, clinical outcomes, experiences, and the challenge of addressing equity and access in a challenging setting during a challenging time.

3RD PRESENTATION

Middle-Income Country: Mexico: Representative from a middle-income country (Mexico/Cris Alonso or Akane Sugimoto Storey or Hannah Barboleta) will share their experiences from a medium resource environment and how Covid-19 impacted birth centers/ midwifery centres in Mexico and South America, including challenges, triumphs, clinical outcomes, experiences, and the challenge of addressing equity and access in a challenging setting during a challenging time.

4TH PRESENTATION

Low-Income Country: Representatives from low-income countries- (Bangladesh: Kalpana Roy and Haiti: TBD) will share their experiences from a low resource environment and how Covid-19 impacted midwifery centres in their countries, including challenges, triumphs, clinical outcomes, experiences and the challenge of addressing equity and access in a challenging setting during a challenging time.

COMMON FOCUS

Midwifery centres will share their knowledge and experience using the midwifery centre definition components including: physical space/facility, population served, level of care available, provider of care, model of care, program of care, community involvement, clinical outcomes, experiences, and care costs all in relation to the COVID-19 pandemic. The purpose is to explore the global impact on midwifery centres from high, medium, and low-income countries and how this model of care rose to the challenges and barriers to provide support to women all over the globe.

COHESION BETWEEN SECTIONS

Cohesion will be maintained by the moderator with the focus on components of the midwifery centre as expressed in each context. Moderator will introduce each speaker, keep time, field questions at the end, facilitate the creation of a global strategy for supporting the implementation and improvement of midwifery-led Centres across the continents and close with synthesizing the information.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

This symposium will support the development of midwifery practice and education by reinforcing and disseminating the evidence of the positive impact and contribution of midwifery centres to maternal and child health, particularly in the context of a global pandemic. This symposium will advocate for the inclusion of midwifery centres in policy on maternity care to address safe, high quality, equitable care globally and how these pillars were achieved and maintained during a crisis.

ICMBALI-0355 - Breastfeeding behavior, infant adiposity and maternal weight retention in obese women: data from the UK Better Eating and Activity Trial (UPBEAT)

A. Briley[1], *C. Singh*[1], *K. Dalrymple*[1], *P. Seed*[1], *L. Poston*[1]

1 *King's Health Partners, Women's Health Academic Centre, London, United Kingdom*

BACKGROUND

Despite recognised health benefits for mothers and infants few UK women exclusively breastfeed for 6 months. Breastfeeding barriers are multifactorial, especially in obese women.

OBJECTIVES

To investigate the impact of infant feeding behaviours on maternal and infant adiposity 6 months post birth.

METHODS

Regression analyses were used to investigate maternal infant feeding choices and adiposity in 353 obese mother-infant pairs attending 6-month UPBEAT (IRAS 09/H0802/5) follow-up.

RESULTS

Breastfeeding initiation was 77 %. Primiparity, age ≥ 30 years, ethnicity, educational attainment, cohabitation and non-smoking were statistically associated (p = < 0.02) with initiation (< 0.01, < 0.01, 0.002, < 0.01). Exclusive breastfeeding duration was 94.4 days (BMI 30–34.9 kg/m^2), 75.7 days (BMI 35–39.9 kg/m^2) and 74.2 days (BMI ≥ 40 kg/m^2) mean difference -16.97 (SD -29.98 to -3.90) and -17.93 days (-33.77 to -2.00) (p = 0.01).Women breastfeeding at 6 months, retained 0.08 kg compared with 1.96 kg in those who did not breastfeed, or stopped < 6 months (p = < 0.01). Maternal anthropometry changes were limited to white ethnicity. Regardless of feeding, in black women there was no change in weight retention.Formula-fed infants demonstrated higher z-scores (mean difference 0.26; 95 %CI0.01 to 0.52), higher rates of weight gain (0.04; 0.00to0.07) and greater catch-up growth (2.48 t0 4.71), with lower food enjoyment (p = 0.002). Infant appetite measurement was associated with sum-of-skinfold-thicknesses (β0.66; 95 %CI 0.12 to 1.21) calculated body fat percentage (0.83; 0.15 to 1.52) weight z-scores (0.21; 0.06 to 0.36) and catch-up growth (OR 1.98; 1.21 to 3.21).

CONCLUSIONS

Obese women need additional support to breastfeed for ≥ 6 months. Impact of ethnicity on postnatal weight retention needs investigation. Exclusive breastfeeding was protective against increased weight z-scores and trajectories of weight gain in these infants. Measures of appetite were associated with adiposity, weight and catch-up growth.

KEY MESSAGE

Exclusive breastfeeding ≥ 6months was associated with reduced postnatal weight retention in obese white women. Exclusive breastfeeding was associated with increased enjoyment and less adiposity in these infants, regardless of ethnicity.

ICMBALI-1280 - Exploring family satisfaction with breastfeeding support in the Neonatal Intensive Care Unit (NICU)

R. Hyde[1,2,3], D. Forster[1,2], S. Jacobs[4,5,6], L. Bignell[4], A. Moorhead[1,2], S. Favorito[4], T. Shafiei[2], H. McLachlan[2,3]

1 *Royal Women's Hospital, Midwifery and Maternity Services Research Unit, Parkville, Australia*
2 *La Trobe University, Judith Lumley Centre, Bundoora, Australia*
3 *La Trobe University, School of Nursing and Midwifery, Bundoora, Australia*
4 *Royal Women's Hospital, Neonatal Services, Parkville, Australia*
5 *Murdoch Children's Research Institute, Clinical Sciences, Parkville, Australia*
6 *University of Melbourne, Department of Obstetrics and Gynaecology, Parkville, Australia*

BACKGROUND

The benefits of breast milk for babies admitted to the NICU are widely known, with the support women receive during this time influencing their experience and success with breastfeeding. Consumer satisfaction has increasingly become a fundamental aspect of evaluating the performance of health care services to enable meaningful changes to the delivery of care to be made.

OBJECTIVES

To explore families views and satisfaction with breastfeeding support in the NICU.

METHODS

A cross-sectional survey of families whose baby was admitted to the NICU at the Royal Women's Hospital (RWH) was sent out from March 2017 – June 2018. The survey was mailed 6 months post birth. Families were eligible to participate if their baby's admission was ≥ 4 hours and they had been discharged from the RWH at the time of the survey. Participants were asked about access to, and satisfaction with, breastfeeding support during their infant's admission, including support from lactation consultants working in the NICU.

RESULTS

The survey had a 31 % (311/990) response rate, with 96 % (291/304) expressing breast milk and/or breastfeeding their baby during the admission. Respondents rated the support they received with expressing breast milk and breastfeeding favourably, with 85 % (245/287) and 78 % (214/275) respectively, rating this as 'Good' or 'Very Good'. Most respondents (74 %, 206/279) received support from a lactation consultant in the first week after birth. Of these, 83 % (166/200) were happy with the support received. Suggested improvements from respondents focused on consistency of information, access to services and tailoring information to individual needs.

CONCLUSIONS

The majority of women whose baby was admitted to NICU expressed breast milk and/or breastfed their baby. Despite high levels of satisfaction with support received, areas for improvement were identified.

KEY MESSAGE

Engagement with families is important to ensure future improvements to breastfeeding support meet their needs and provide a positive experience.

ICMBALI-0733 - Supporting the initiation and continuation of breastfeeding among women who are overweight or obese

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BACKGROUND

Women who are overweight or obese (WOO) are less likely to initiate breastfeeding and breastfeed for shorter durations. Establishing effective ways to support and promote breastfeeding in WOO is paramount considering the rising prevalence of obesity globally and the known benefits of breastfeeding, particularly in reducing long-term risks of obesity and diabetes for infants.

OBJECTIVES

To assess the effectiveness of interventions to support the initiation or continuation of breastfeeding in WOO.

METHODS

A systematic search of multiple databases and reference lists of retrieved studies was undertaken. Randomised and quasi-randomised controlled studies were included where the intervention supported the initiation or continuation of breastfeeding in WOO through social support, education, physical support, or any combination of these. Two authors extracted data and assessed risk of bias for included studies. Data was synthesised using meta-analysis.

RESULTS

Seven trials were included. The risk of bias was mixed. One small por quality trial investigated physical support versus control therefore it is unclear whether physical support improves breastfeeding outcomes. Six trials incorporated interventions using multiple methods of support (all included education and social support and one physical support also). Compared to controls multiple methods of support may improve rates of exclusive breastfeeding at two weeks (Risk ratio (RR) 1.30, 95 % Confidence Interval (CI) 1.09–1.54) and three months (RR 1.42, 95 %CI 1.12–1.81) and rates of any breastfeeding at four (RR 1.35, 95 %CI 1.05–1.72) and six months postpartum (RR 1.42, 95 %CI 1.08–1.87).

CONCLUSIONS

Research on breastfeeding interventions in WOO is limited, with available studies mostly small and of poor quality. Existing studies suggest interventions may be effective for breastfeeding continuation up to 6 months. Larger, high-quality, randomised controlled studies are required to address this important public health challenge.

KEY MESSAGE

Breastfeeding interventions may be effective at improving breastfeeding outcomes in women who are overweight or obese, but further research is required.

ICMBALI-0247 - The impact of the workplace atmosphere on mothers' breastfeeding behavior in health care institutions in Indonesia

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BACKGROUND

Breastfeeding provides enormous benefits not only for babies but also for mothers. The magnitude of the benefits of breastfeeding was not balanced with the number of mothers who breastfeed. Many factors cause mothers not to give breast milk. One of them is the condition of working mothers. Although the Indonesian government has regulation concerning breastfeeding facilities, working mothers are still having difficulty giving breast milk. Health care institutions should be role model that provides a workplace environment that supports mothers to breastfeed.

OBJECTIVES

The overall aim of this research is to determine the impact of workplace atmosphere on mothers' breastfeeding behavior.

METHODS

This research is quantitative research with a correlational design with a cross-sectional approach. The population in this study is female health workers in local government hospital who have children aged 0–6 months. Sampling technique is total sampling. The number of respondent is 30 mothers. The research instrument used was a questionnaire. Data analysis using lambda correlation test.

RESULTS

The results of univariate data analysis show that the most workplace atmosphere is poor (47 %), while the behavior of mothers in breastfeeding, the most is partial (47 %). Bivariate analysis results obtained p-value = 0.024 so that Ho is rejected ($p < 0.05$), meaning that there is a significant relationship between the workplace atmosphere and the behavior of mothers.

CONCLUSIONS

The poor supportive atmosphere has an impact on the behavior of exclusive breastfeeding mothers who are lacking

KEY MESSAGE

All health institutions must provide support for female health workers by providing good physical, psychology, and social environmental facilities according to standards. Written policies that facilitate the rights of female workers who breastfeed at work, need to be followed up with technical instructions, which are then set as legal provisions to ensure fair implementation for all. Commitments from all parties are needed to create a Breastfeeding Friendly environment.

ICMBALI-0971 - Who gets left behind? Evaluating the implementation of policy to promote exclusive breastfeeding of newborn babies in Malawi using a realist review and evaluation

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3 *RCSI, Division of Populations Sciences, Dublin, Ireland*

DESCRIPTION OF RESEARCH OR INNOVATION

Based on strong research evidence, the World Health Organisation recommends that all newborn babies are exclusively breastfed for the first 6 months. The Ministry of Health in Malawi endorsed these guidelines. Yet there is often limited implementation so potential impact and health improvement is reduced. Within the RealisE-BF-Malawi project 2019–22, we are using implementation science methods to study policy implementation, in particular barriers and facilitators in specific contexts, for the most vulnerable groups. Therefore we have adopted a 'realist' approach, focusing on what works, for whom under what circumstances, and will undertake a realist synthesis and a realist evaluation. We will illustrate the key feature of realist research by illustrating our project plan and methods.

SIGNIFICANCE TO MIDWIFERY

Midwifery practice is inherently women-centred and so is context-bound and therefore realist research is of potential value to enhance midwives' practice. Midwives can also consider undertaking future realist research in their areas of interest.

ICMBALI-1565 - Havingababy.co: supporting choice through information

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PURPOSE

In 2018, the Canadian Association of Midwives launched a new website, Havingababy.co, intended to provide information on pregnancy, birth, and the postpartum period to the general public. This presentation will review the development of the website, its innovative approach, as well as the impact it has had in its first 18 months.

DISCUSSION

This website differs from other healthcare provider websites in that it focuses on respectful care, choice, and accessibility for all people. The website centers a midwifery approach of informed consent, while providing information that anyone can use, regardless of their care provider. The presentation will employ an interactive format that will encourage delegates to provide feedback and new ideas for the further development of the website.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

This website was specifically developed to be used by midwives as a resource that they can direct their clients towards. We encourage contributions from midwives around the world to ensure that this resource can be used by people in the perinatal period wherever they live.

EVIDENCE IF RELEVANT

To date, the website has had over 10,000 unique visitors, and more importantly has a very high retention rate, which means that once people arrive at the site, they are staying for extended periods of time and visiting multiple pages.

KEY MESSAGE

The Canadian Association of Midwives is committed to continuing to develop this resource in alignment with the needs of all people during the perinatal period.

ICMBALI-1355 - Developing an online moderated peer support app designed to prevent perinatal anxiety and depression using user-centred design principles

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2 *Royal Women's Hospital, Maternity Services, Melbourne, Australia*
3 *University of Melbourne, School of Computing and Information Systems, Parkville, Australia*
4 *PANDA - Perinatal Anxiety & Depression Australia, North Fitzroy, Australia*

BACKGROUND

Peer support is a promising initiative to improve women's psychosocial wellbeing in the perinatal period. There are however a number of barriers which may prevent women at risk of or experiencing perinatal mental illness accessing support and care, including stigma and geographical isolation. Provision of peer support using e-health technologies may help to overcome these barriers, although it is important that technology is designed using user-centred design principles to ensure that the needs of women are understood and incorporated into the intervention design.

OBJECTIVES

Drawing on user-centred design principles, this study aimed to develop an evidence-based, moderated online peer support app to reduce perinatal anxiety and depression in women at increased risk.

METHODS

A participatory, user-centred approach was used to design the intervention. A series of interviews, focus groups and design workshops with consumers and key stakeholders guided the development of the app, including intervention features and aesthetic design. Processes were iterative, with opportunities for participants to contribute at several stages of the design process, from early feature and design development, through to real life pilot testing of a working prototype.

RESULTS

Engagement with stakeholders and consumers throughout the development process provided insight into the ways women wanted to be able to use technology to connect with their peers, as well as potential barriers and facilitators to engagement. App features developed included peer chat, information about emotional wellbeing and respectful relationships in the perinatal period, and the ability for users to build an individualised wellbeing plan.

CONCLUSIONS

Utilisation of user-centred design principles has enabled us to produce an app focused on the needs and desires of women at risk of perinatal mental illness.

KEY MESSAGE

This study demonstrates that it is important to prioritise the accessibility and acceptability of an intervention before further research is undertaken to assess efficacy.

Room 7

CONCURRENT SESSION: E-HEALTH

ORAL PRESENTATION

ICMBALI-1831 - Developing educational material for post-partum mothers: health care application to prevent and deal with hand and wrist pain

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PURPOSE

1) To describe the experience of developing educational material and deliver it through a mobile phone application.
2) To offer midwives and mothers an application that can be easily introduced to postpartum mothers during hospitalization or home visiting.
3) To give continuity of care to mothers who suffer from hand and wrist pain.

DISCUSSION

In recent years more and more women rely on the internet to obtain information on health without leaving home. Postpartum women are busy taking care of their newborns and not likely to search advice to deal with pain. According to previous studies, mothers do not report minor troubles such as backache, hand and wrist pain, etc., lowering their quality of life and limiting their ability to care for their babies, house chores and work.

Our previous research results were applied to develop an application that may help to prevent hand and wrist problems early, allows monitoring of improvement or worsening of symptoms. To ensure continuity of care, the application shows practical ways to deal with pain. Midwives can introduce it to mothers during hospitalization or home visiting. Once downloaded on a mobile phone it does not need internet environment to use it.

Owning a mobile phone and being able to use the application properly remain as challenges.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Using the phone application, midwives can support mothers to prevent and deal with hand and wrist pain, thus empowering mothers to recognize pain, to report and monitor hand, wrist or other type of pain.

EVIDENCE IF RELEVANT

Our application has been tested with a group of midwives and mothers to prove its usefulness.

KEY MESSAGE

Pain should not be endured by mothers. Developing educational tools based on evidence from previous research is problem specific. A phone application is a practical healthcare tool that mothers and midwives can share and carry with them at very low cost.

ICMBALI-0133 - The impact of midwife-moderated, social media-based communities on pregnant women and new mothers: bringing relational continuity to the home through social media

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BACKGROUND

Pregnant women can find themselves without access to other pregnant women or new mothers for support and information sharing. Thus, the internet is commonly used to source information about pregnancy and motherhood. The volume of internet based information can overwhelm and confuse women and it can be difficult to verify, filter and synthesise web-based information. This can result in misconceptions, poor decision making and increased anxiety during an already stressful time. Consequently pregnant women and new mothers can become over-reliant on midwives for information and support which could be accessed elsewhere.

OBJECTIVES

This study sought to examine the benefits of bringing groups of pregnant women together using a social media platform (Facebook) and a midwife moderator.

METHODS

Two moderated secret Facebook groups were created with 31 pregnant women (n = 17 n = 14) and four midwife moderators from two NHS Foundation Trusts. Using qualitative action research methodology, the study explored a framework for information sharing, learning and support for pregnant women. Focus groups (n = 8) were conducted every 3 months and individual interviews (28), in the early postnatal period. A thematic analysis framework was used to interrogate the different data which included online data.

RESULTS

For participating pregnant and newly delivered women, each group's shared experience provided mutual support and information sharing. Women had confidence in, and trusted the information shared on the site due to the presence of midwives. Moreover, the programme provided professional relational continuity between mother and midwife, with every participant expressing high levels of satisfaction at the relational continuity they achieved with their online midwife. For most of the participants, relational continuity was not achieved during traditional care provision.

CONCLUSIONS

The study suggests a practical way to improve information provision and support, and an novel way of achieving midwifery relational continuity for pregnant women.

KEY MESSAGE

Midwifery relational continuity can be achieved via social media.

ICMBALI-0308 - We don't have that time for introducing ourselves: maternity providers perceptions of communication and autonomy during childbirth in Kenya

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BACKGROUND

Effective communication and respect for women's autonomy are critical components of person-centered care. Yet, studies on women's experiences highlight poor communication and lack of respect for their autonomy during childbirth. There is, however, limited evidence in low resource settings on maternity providers' perceptions of communication and autonomy during childbirth.

OBJECTIVES

To examine maternity providers' perceptions of the extent of communication and autonomy during childbirth in their facilities and the factors contributing to lack of communication and autonomy.

METHODS

Data are from a mixed-methods study in Migori County in Kenya with 49 maternity providers (25 nurses/midwives, 7 clinical officers/doctors, and 17 support staff). Providers were asked structured questions on various aspects of communication and autonomy provided in their facility, followed by open ended questions on why certain things were done or not done.

RESULTS

Most providers acknowledged the importance of communication and autonomy. They, however, reported incidences of poor communication and autonomy. For example, about a third did not always explain why they are doing exams or procedures and about two-thirds reported women were not always asked for permission or consent before examination and procedures. Thirty-seven percent reported women were never given a preference for their birthing position and 57 % reported that providers never introduce themselves to women. Reasons for lack of communication and autonomy included: Perceived lack of time, language barriers, stress and burnout, facility culture, inadequate provider knowledge and skill, forgetfulness and unconscious behaviors, self-protection and comfort, assumptions about patients' knowledge and expectations, women's lack of participation, and provider bias.

CONCLUSIONS

There is a know-do gap in communication and autonomy. Most providers recognize the importance of effective communication and autonomy, but they don't often provide it for various reasons.

KEY MESSAGE

To improve person-centered maternity care, midwifery education and health system policies needs to address the different factors that prevent effective communication and autonomy.

ICMBALI-1596 - Friction between midwives and women in their care: how do midwives balance these situations?

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BACKGROUND

Midwives are motivated to offer woman-centred care that meets the needs and wishes of pregnant women. Sometimes, this causes friction in their work circumstances or dilemmas with own personal and professional values.

OBJECTIVES

To explore how midwives experience these frictions and how they deal with these situations.

METHODS

We interviewed midwives with various cultural backgrounds, ages and work settings in the Netherlands, using open questions that allowed midwives to tell their stories. We performed a phenomenological analysis of the interviews and reflected on the findings from an ethical perspective.

RESULTS

Midwives felt frustrated when they were unable to meet women's needs. Often organizational limitations, such as guidelines, lack of autonomy or collegial distrust, played a role in these frictions as midwivesfelt not at liberty to offer care according to their personal or international midwifery standards. They felt challenged when a woman wanted care that she perceived as beyond her professional skills, or personal values of what was good care. The strategies they used, were focused on keeping an open dialogue, gaining a deeper understanding of women's motives, explaining implications of choices, seeking less invasive alternatives or alternatives that safeguard what women most valued, excepting the situation, or negotiating their role. Some mentioned referring to another professional. One midwife describe the moral deliberation her institution sometimes organised around serious dilemmas. These strategies were illustrated by the stories midwives told from their daily practice. The reflections focused on an 'ethic of care' that articulates doing good by using values as nurturing and caring, rather than abstract principles for answering the question of what is right ('ethic of justice').

CONCLUSIONS

All midwives experienced friction as stressful, although in various degrees. Often they had to find their own way in dealing with it.

KEY MESSAGE

There seems to be a need for greater understanding of ethical reasoning for these situations.

Room 8

CONCURRENT SESSION: MIDWIFE / WOMEN RELATIONSHIPS

ORAL PRESENTATION

ICMBALI-0909 - First birth in Aotearoa New Zealand: does having access to 'bells and whistles' influence the likelihood of normal birth?

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BACKGROUND

In Aotearoa New Zealand, just 22 percent of first time mothers achieve a normal birth (using the NZ Ministry of Health's definition), despite the context of a midwifery-led continuity of care model. The setting for birth has a significant influence on both the woman and her caregivers. Understanding how *place* influences the likelihood of normal birth enables the development strategies of resistance to the biomedical model of birth.

OBJECTIVES

The study aimed to examine how the culture of a tertiary maternity unit influences the experiences of well first time mothers giving birth

METHODS

Following ethical approval, an audit created a snapshot of current practice in relation to labour augmentation, then using ethnographic data collection methods (non-participant observation, document analysis, interviews and focus groups) the cultural milieu of the tertiary hospital setting was explored.

RESULTS

Sixty percent of women received an augmentation procedure, in one-third of cases without a clinical indication. Supportive early labour care, preferably outside the institution, is key to avoiding unnecessary intervention. 'Abnormalising the normal' and 'normalising the abnormal' are a constant tension across clinical disciplines. Midwives 'bear the brunt' of both women's and doctors' dissatisfaction, and structural issues related to under-resourcing and the need for 'throughput' lead to a 'pressure for always moving forward' that expresses itself in high augmentation rates. Midwives work hard in this environment to protect women's experiences, but frequently find themselves 'thrown under the bus' by medical colleagues.

CONCLUSIONS

Examination of social discourses of education, socialisation and industrialisation in relation to birth lends understanding to empirical outcomes in this environment.

KEY MESSAGE

There is scope to create a new 'way of being' within a technocratic birth setting that supports labour physiology and thus improves outcomes for women and babies, when we understand what operates beneath the surface of high intervention rates.

ICMBALI-0840 - Exploring woman–midwife relationships to enhance women's positive birth experience in Japan

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BACKGROUND

Childbearing women in Japan have high rates of serious issues, including post-partum depression and suicide. Although the importance of the woman-midwife relationship for women's psychological wellbeing is globally recognised, little research has examined the significance of this relationship in Japan.

OBJECTIVES

The purpose of this study is to understand the relationship between childbearing women and midwives in Japan, with the aim of improving maternity care and women's birth experience.

METHODS

This study is guided by hermeneutic phenomenology described by van Manen, which aims to uncover the meaning of a phenomenon, in this case, the women-midwife relationship, through the interpretation of participants' lived experiences. Interviews were conducted with 14 women and 10 midwives throughout Japan. Ethical approval was provided by the AUT Ethics Committee (16/429).

RESULTS

Women and midwives in this study spoke of a sense of disconnection due to the institutionalised care system described as an assembly line. In fragmented care, midwives lacked emotional presence and caring attitudes for women. When women and midwives had the opportunity to share time (e.g. continuity of care at midwifery homes), they obtained mutual understanding and holistic approach to enhance personalised care. This meant that midwives were in a better position to advocate for women's autonomy, thereby women gain a voice. Such relationships enhanced feelings of safety and trust, allowing women to rely on midwives when necessary. Moreover, women were encouraged and motivated in the transition to motherhood.

CONCLUSIONS

A sense of security and trust within the woman-midwife relationship is a primary component for women to have positive birth experiences. Such relationships beneficially impact on women's psychological wellbeing and their parenting.

KEY MESSAGE

The maternity care system needs to allow time and space to develop a positive woman-midwife relationship. Midwives require education to provide respectful care and gain competencies to provide continuity of care in Japan.

ICMBALI-0835 - Caring for pregnant women with obesity: implications of policy on practice

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BACKGROUND

Obesity rates globally have grown rapidly over the past 20 years. More than 40 % of Australian women aged 25 to 35 are overweight or obese. Increased BMI is directly proportional to an increase in morbidity and mortality. In 2012 the South Australian government introduced a policy to guide the management of obese pregnant women. Whilst the policy covered biomedical aspects, little consideration of the socioeconomic and environmental determinants of maternal obesity existed.

OBJECTIVES

To explore the views of local maternity providers in rural South Australia, charged with compliance to the policy.

METHODS

Qualitative research methodology using semi-structured interviews with 17 maternity care providers and thematic analysis was used following ethical clearance to seek in depth understanding of the impact of the policy related to its implementation. Additional analysis using Bacchi's 'What's the problem represented to be' was also undertaken.

RESULTS

Participants described several determinants of maternal obesity categorised as individual, family and community, and socio-structural determinants. Participants had various views, both positive and negative, regarding the policy and its effects on their ability to safely manage obese pregnant women. These included risk identification, clinician's knowledge and experience, and barriers and enablers of policy implementation. Strategies to improve the care of women with obesity were related to healthcare system strategies, clinician, individual, and public health strategies. These will all be discussed.

CONCLUSIONS

Participants placed responsibility for the issues on individuals, clinicians, communities, government, culture, public health, and the media. This study highlights policy silences and provides an understanding of the context in which the policy was implemented.

KEY MESSAGE

Key messages for midwives internationally are the contexts in which policies are created and implemented, and the anticipated/unanticipated impact these have on childbearing women and health care providers.

ICMBALI-0326 - Acceptability and feasibility of HPV testing of self-collected samples in Botswana

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BACKGROUND

Cervical cancer is the leading cause of cancer deaths among women in Botswana. Achieving impact with Pap smear or visual inspection with acetic acid, (VIA) remains a challenge, resulting in low coverage rates. HPV testing of self -collected samples is a more accurate and reliable screening test, than VIA and Pap smear, and offers the potential to overcome challenges of access and acceptability thus increasing screening coverage and treatment.

OBJECTIVES

The research was to assess the feasibility of implementing HPV self-collection for cervical cancer prevention among women eligible for cervical cancer screening at a district hospital,four clinics, and in the community.

METHODS

Prospective cohort study(approved by ethics boards)recruited women aged 30–49 years,from October 2017 – March 2018, in 5 sites,who were screening naive, and were offered vaginal self-collection for HPV testing.Those who accepted were given instructions on self-collection and samples were sent to hospital laboratory for high-risk HPV (hr-HPV) on GeneXpert platform. All hr-HPV positive women were offered treatment. Exit surveys were conducted on ease of self-collection

RESULTS

Of 1022 women enrolled, 1019 (99.7 %) had conclusive results, of which 1018 (99.9 %) received results,957 (94 %) within 7 days, and 330(32 %) the same day. Among HIV-positive, (40 %) tested hr-HPV positive, of whom 218/230 (95 %) received treatment, while HIV-negative women,113/449 (25 %) tested hrHPV positive, of whom 108/113 (96 %) received treatment. Women found it easy or very easy to understand the self-collection instructions(981/1019; 96 %) and to do self- collection(961/1019; 94 %),and minimal or no discomfort(986/1019; 97 %) during self-collection.

CONCLUSIONS

Offering HPV self-collection for HPV testing to women is feasible and has the potential to greatly improve population level screening coverage, and access to cervical cancer prevention services.

KEY MESSAGE

HPV self- collection has the potential to reach to 'hard-to-reach' women, improve access to screening and potential to improve HIV + women's quality health because of their risk of developing cervical cancer.

ICMBALI-0478 - How could midwives improve the experience of women with epilepsy in labour? A critical realist review

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2 *University of Nottingham, Faculty of Medicine & Health Sciences, Nottingham, United Kingdom*

PURPOSE

Epilepsy is a common neurological disorder that has historically been connected to misconceptions and fear. Although official guidelines recommend vaginal delivery for women with epilepsy, these women tend to give birth by caesarean at higher rates worldwide. This critical realist review aimed to seek answers regarding this phenomenon and how midwives could improve these women's experience in labour.

DISCUSSION

Critical realism enables the investigation of social practices and clinical issues and it goes beyond what is directly observed, by marrying quantitative with qualitative data from various disciplines. After a review of the relevant literature, certain gaps in evidence were observed and seven papers were selected that led to a wider discussion around social stigma, risk and choice in childbirth. This critical realist review was conducted between February and August 2018.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Labour support provided by midwives in the appropriate birth environment could help women with epilepsy give birth vaginally, with the necessary caution, but with as less interventions as possible. Also, training of healthcare professionals for the management of epileptic seizures in labour would make them feel more confident in their practice. Lastly, the general population would benefit from information campaigns regarding epilepsy as this would decrease the existing social stigma.

EVIDENCE IF RELEVANT

This review suggests that stigma and fear among healthcare professionals towards epileptic seizures affect their decision making and could be the root cause for the limited choice that women with epilepsy have in childbirth. Medicalised birth and the interventionist approach, along with the focus on risk management determine the mode of delivery for women with existing or "expected" complications, such as epileptic seizures. Finally, the "blame culture" and the insufficient provision of information for women with epilepsy might also affect decisions made around childbirth.

KEY MESSAGE

It is hoped that this review will be useful to midwifery practice and will inspire further study.

ICMBALI-0536 - A systematic review and meta-analysis of probiotic interventions for prevention of antenatal Group B Streptococcus colonization

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BACKGROUND

Antenatal Group B Streptococcus (GBS) colonization has a worldwide prevalence of 10–35 %. GBS is the most prevalent cause of perinatal infection leading to significant morbidity and mortality for neonates. Intrapartum antibiotic prophylaxis (IAP) is used in a number of countries to reduce early onset GBS disease. Midwives have suggested antenatal probiotics as a means to reduce antenatal GBS colonization, but evidence to support this practice was lacking.

OBJECTIVES

The purpose of this study was to systematically review and meta-analyze studies of probiotics to reduce antenatal GBS colonization using PRISMA guidelines.

METHODS

A database search (CINAHL, Web of Science, Cochrane) resulted in 540 abstracts reviewed in relation to the inclusion criteria: studies of probiotics to reduce GBS in vitro or in clinical trials of pregnant women.

FINDINGS

Eleven studies were rated for quality and systematically reviewed: 5 explored the antagonist activity of various probiotic bacterial strains (primarily *Lactobacillus species*) against GBS in vitro and 6 were clinical trials of probiotic interventions aimed at reducing antenatal GBS colonization. All studies were systematically reviewed. Probiotic strains and dosage, intervention initiation and duration, sample size, safety information, inclusion characteristics, and maternal and neonatal outcomes were critically analyzed. In one study, a significant reduction in antenatal GBS colonization was found following only 20 days of the intervention. The 6 published clinical trials of probiotics against GBS were meta-analyzed. The use of an antenatal probiotic increased the probability of a negative GBS result by 79 % (95 %CI = 8.7 %, 194.1 %, p = 0.02) (n = 709).

CONCLUSIONS/IMPLICATIONS

Findings of the meta-analysis should be interpreted with caution because it is based on only 6 studies with just over 1000 participants. More research is needed on probiotics to reduce antenatal GBS colonization. Probiotic interventions have the potential to reduce antenatal GBS colonization.

KEY MESSAGE

Probiotics interventions have the potential to reduce antepartum GBS colonization.

ICMBALI-2009 - What capacity is given to young women to protect themselves from unwanted pregnancies and abortion-related risks? Malagasy realities and global recommendations

M.L. Deneffe Dobrzynski[1]

1 *University of Lille-France, Faculty of medicine and midwifery, Lille, France*

BACKGROUND

In Madagascar, abortion is the second leading cause of maternal mortality among young people.

OBJECTIVES

Midwife and anthropologist, I carried out some research in 2018, in Antananarivo. The survey's objective was to provide a qualitative analysis of the socio-cultural and community-based determinants of unwanted pregnancies and their management. Financed by the French Agency for Development, this study took part in a multi-country research managed by the Non-Governmental Organization *Doctors of the World*.

METHODS

The methodology, approved by the Malagasy Ministry of Public Health's Ethics and Biomedical research, triangulated individual interviews, group interviews and observations with young people (10–24 years old), care providers, social and educational professionals, parents, community and religious leaders, and representatives of key Sexual Reproductive Health bodies (409 surveyed people including 262 young people).

RESULTS

The results will be presented in three main lines:

- Young people's sexual norms and behaviour with particular the influence of social media and pornography ;
- The socio-cultural barriers hindering access to information and prevention for young people ;
- The influence of social stigma related to young people's pregnancy outside of marriage.

CONCLUSIONS

The development of these results will show that conflicts of values within society and programmes when it comes to the active sexuality of young people:

- Hinder the implementation of effective actions to inform young people about sexuality-related risks and enable them to protect themselves from these risks ;
- Pressurize young pregnant women into leaving school and entering into an early marriage, or practicing unsafe abortions (abortion and early marriage becoming two strategies for avoiding the social stigma of single motherhood).

KEY MESSAGE

A global approach involving society as a whole will be proposed, strengthening the capacity of young people to protect themselves against sexuality-related risks and promoting an enabling environment. Recommendations will be given to midwives to promote social change enabling effective prevention.

ICMBALI-1716 - L'offre des méthodes de planification familiale aux femmes et jeunes filles à travers la clinique mobile par l'association des sages-femmes du Mali

A. Guindo[1]

1 *Association des Sages Femmes du Mali, Direction Nationale de la Santé, Bamako, Mali*

PURPOSE

Contribuer à l'amélioration de la prévalence contraceptive au Mali.

DISCUSSION

Au Mali, l'indice synthétique de fécondité est de 6,3 , les besoins non satisfait sont à l'ordre de 24 % , les demandes satisfaites 17 %, 36 % des filles de 15 à 19 ans ont leur 1er enfant ou 1ère grossesse , avec un taux élevé de mortalité maternelle de 368 pour 100000 NV selon l'EDSM VI de 2018 ; Au regard de ces tendances actuelles , la promotion de la planification familiale reste la meilleure stratégie pour renverser les tendances.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

L'ASFM en collaboration avec l'ONG JIGUI et avec l'appui de l'USAID/KJK a initié la stratégie clinique mobile au sein des marchés. Cette stratégie consiste à déployé les cliniques mobiles au sein de trois grands marchés de Bamako pour recruter et offrir des méthodes de planification familiale aux femmes et jeunes filles. L'approche utilise la communication pour la création de la demande 1 ou 2jours avant l'activité les crieurs publics et les femmes influentes des marchés ciblés informent et sensibilisent la communauté sur la tenue de l'activité.

EVIDENCE IF RELEVANT

Durant 1 mois, les deux cliniques mobiles ont servie à l'ASFM de sensibiliser et d'offrir aux femmes et jeunes les méthodes de planification familiale au sein de trois grands marchés de Bamako. Cette stratégie a permis d'informer et de sensibiliser 5810 sujets dont 1743 jeunes filles de 14 à 20 ans soit 30 %. Sur les 5810 personnes mobiliser, après avoir reçu des informations sur les méthodes de PF, 871 ont accepté une des méthodes modernes de PF soit 15 % et parmi eux 218 de jeunes filles soit 25 %. Une force de la stratégie est qu'elle est principalement communautaire et elle garantit la confidentialité et l'intimité des femmes. Les heures conviennent aux cibles.

KEY MESSAGE

Contraception, Connaissances, attitudes, pratiques ; Femmes et Adolescents, Bamako, Mali, ASFM.

ICMBALI-2288 - Midwife-led care audit in Cameroon: the focus on 10 regional hospitals in the country

A.H. Atchoumi[1], *E.N. Kamando*[2,3,4]

1 *ASFAC, Yaoundé, Cameroon*
2 *Presbyterian Health Services in Cameroon, Bamenda, Cameroon*
3 *SG Association of Cameroon Midwives and Associates, North West Branch, Bamenda, Cameroon*
4 *Faculty of Health Science- Bamenda University Cameroon, Department of Nursing/Mother and Child Health, Bamenda, Cameroon*

BACKGROUND

Crucial reports and strategic reviews about midwife-led care in different parts of Cameroon have consistently identified that improvements should be underpinned by implementation of evidence-based clinical standards. The midwife is recognized as a responsible and accountable professional who works in partnership with women to give the necessary support, care and advice during pregnancy, labour and the postpartum period, to conduct births on the midwife's own responsibility and to provide care for the newborn and the infant. The Strategy for Maternity Care in Cameroon places a strong emphasis on the normalization of pregnancy and birth as a means of improving outcomes and experiences for mothers and babies. An audit in this aspect is regarded as the cornerstone of clinical teaching to guarantee good practice and to correct poor performance.

OBJECTIVES

The objectives of this article were to explore and assess the midwife-led care by auditing the maternity units of the public hospitals by health professionals and to explore and assess the availability of emergency obstetric care with respect to curbing maternal morbidity and mortality.

METHODS

A qualitative, exploratory and descriptive study was conducted to answer the two research objectives. Semi-structured face-to-face interviews were conducted with 20 midwives who were working in the labour wards of 16 hospitals. The data collected were analyzed.

RESULTS

The findings revealed that auditing and feedback is sometimes done by multidisciplinary team only when death occurs. Audit is not done monthly or on a daily basis and sometimes inconsistently because of shortage of staff. Challenges indicated were inadequate knowledge on the scope of midwifery practice and lack of encouragement and praise when documentation was done correctly. The components of availability of emergency obstetric care in a greater extend is compromised.

CONCLUSIONS

The findings revealed that auditing is generally not done. The components of availability of emergency obstetric care in a greater extend is compromised with much emphasis on the shortage of midwifery workforce cutting across the public hospitals of the region.

Wednesday, 16 June, 06:00 PDT
Parallel sessions 7

Room 1 (INTERPRETATION)

PARTNER FUNDED SESSION: JOHNSON'S® FIRST TOUCH INFANT MASSAGE WORKSHOP

JOHNSON'S® FIRST TOUCH Infant Massage Workshop

Maria Hernandez-Reif (USA)
Holly Horan (USA)

This program is part of the Midwife Learning Series brought to you by JOHNSON'S®.

Across the animal kingdom, organisms require sensory stimulation for healthy development. This fundamental requirement extends to humans: touch deprivation has been shown to be particularly damaging, with infants and children in institutional care suffering from cognitive and neurodevelopmental delays. Conversely, touching has been shown to exert a positive effect, as exemplified by the positive impact of kangaroo care among preterm infants.

Massage is one of the most effective forms of touch, with the positive impact of therapy clinically demonstrated in diverse patient populations. In widely divergent cultural settings, different forms of massage therapy have been an integral part of life for millennia. Although the benefits of massage have long been recognized outside of Western medical literature, in many parts of the world, the art of massage has never been lost. Thus, the reawakening of interest in this area in the West represents a welcome change of flow of knowledge.

This workshop will explore the benefits of infant massage relative to both those who receive the massage (infants) and those who perform the massage (mothers, fathers, and other caregivers). The practical aspects of infant massage will be emphasized by the hands-on nature of the workshop. You can expect to leave the session with the confidence to practice and perform basic techniques and to share what you have learned with others. At the end of this course, you will receive a massage instructional video and educational materials you can use with other midwives and in your practice.

LEARNING OBJECTIVES

1. Review scientific research on the importance of infant massage to the healthy development of infants and to the baby-parent bond.
2. Familiarize midwives with key techniques and best practices for infant massage.
3. Establish a deep understanding of the scientific benefits of infant massage, which can in turn be shared with your colleagues and parents.

PLEASE BRING TO THE WORKSHOP

- A baby-sized doll OR infant simulator OR rolled soft towels OR a friend / colleague / family member whose arm you can practice techniques*.

*Please do not use an infant or child during this workshop. It's important to learn proper techniques first.

- Hand wipes or antibacterial product to clean hands.
- An emollient (oil or moisturizer formulated for infant skin such as a baby oil or baby lotion).

Room 2

CONCURRENT SESSION: PPH

ORAL PRESENTATION

ICMBALI-1082 - An exploration of midwives' experiences of saving women's lives through prevention and effective management of postpartum haemorrhage in rural Eastern Nigeria

K. Felicity[1]

1 *Trinity College Dublin, School of Nursing & Midwifery, Dublin, Ireland*

BACKGROUND

Post partum haemorrhage (PPH) is a major cause of maternal death globally and particularly in developing countries such as Nigeria. PPH is defined as excessive blood loss of 500mls or more in the first 24 hours following childbirth. The high rate of maternal mortality and morbidity in Nigeria has challenged the government of Nigeria and maternity care professionals such as midwives to take necessary actions to save women's lives by preventing and effectively managing PPH. Published evidence of midwives' experiences of preventing and managing PPH in rural and low income settings of Nigeria is lacking.

OBJECTIVES

The aim of the study was to explore the experiences of midwives in saving women's lives through prevention and effective management of PPH in rural Eastern Nigeria.

METHODS

Qualitative research method guided this study. Data were collected through semi-structured interviews with 15 purposive willing participants from November 2018 to January 2019. Considerations to ethical issues were adhered to and permission to conduct the study was granted by Research Ethics Committee of the research site and Trinity College Dublin, Ireland. Data were analyzed using qualitative content data analysis method identified by Krippendorf (2013). Steps were taken to ensure data trustworthiness.

RESULTS

Data analysis revealed the following themes:

Midwives saved women's lives through their up to date knowledge and skills of PPH prevention and management.

Postpartum haemorrhages were prevented and effectively managed through antenatal health education, physiological and active management of third stage of labourMidwives' passions and determinations to save women's lives despite the challenges of insufficient human resources, medications and equipments.

Holistic and women-centred care.

CONCLUSIONS

Midwives play essential roles in saving women's lives through their life saving passions and up to date knowledge and skills of PPH prevention and management.

KEY MESSAGE

Prevention and effective management of PPH require ongoing training, experience, and adequate resources.

ICMBALI-0610 - Preparing midwifery and medical students develop collaborative teams for interprofessional management of primary postpartum haemorrhage

G. McLelland[1], B. Carr[1], A. Tremayne[1], H. Hall[1], V. Plummer[1,2], A. Kumar[1,3], A. Corlass[1], H. Buttigieg[4], S. Dix[1]

1 *Monash University, School of Nursing and Midwifery, Melbourne, Australia*
2 *Peninsula Health, Continuing Education Development Unit, Franskton, Australia*
3 *Monash Health, Obstetrics and Gynaecology, Clayton, Australia*
4 *Eastern Health, Learning and Teaching, Box Hill, Australia*

BACKGROUND

Post-partum haemorrhage (PPH) remains the leading cause of maternal morbidity and mortality globally. Inter-professional team training for qualified health professionals aims to improve communication and team cohesiveness to achieve better outcomes for women experiencing PPH. Yet the impact of undergraduate student interprofessional team training is under-researched.

OBJECTIVES

To investigate the establishment and maintenance of collaborative interprofessional teams among undergraduate midwifery and medical students during the management of a simulated woman experiencing PPH.

METHODS

Ethical approval was received from University Human Ethics Research Committee. Undergraduate midwifery and medical students were invited and recruited at one university. A simulated PPH scenario was purposely-developed enabling the students to collaboratively work together Data was collected from three sources. Quantitative data were collected from two validated tools, 'Self-Efficacy Beliefs in Interprofessional Learning' (SEBIL) and 'Survey and Satisfaction with Simulation Experience Survey' (SSES) at three time points; before simulation, eight weeks and three months post simulation . Descriptive statistics, were analysed using SPSS V25 Audio-recorded student debriefs immediately following the simulation, provided qualitative data which was analysed using thematic analysis. Analysis of video recordings undertaken with Team Emergency Assessment Measure.

RESULTS

29 midwifery and 15 medical students (median age 21.5 years) participated in eight sessions. There was improvement self-efficacy from pre-simulation to both the initial and second follow-ups evident ($p = 0.001$). Increases in the students' reports on 'Debrief and Reflection', a measure of satisfaction, were found pre and post simulation ($p = 0.02$). Qualitative analysis generated two overarching themes 'Working as Team' and 'Learning Through the Process' with seven sub-themes 'increasing certainty'; 'establishing the team'; 'identifying role; 'communicating'; 'assessing and prioritising'; 'translating theory into practice' and 'reflecting'. Video analysis supported other data findings.

CONCLUSIONS

Using simulation, undergraduate midwifery and medical students establish and maintain interprofessional teams required to manage PPH.

KEY MESSAGE

Preparation to enable health professionals to work collaboratively begins in pre-registration undergraduate courses.

ICMBALI-1706 - Making the case for postpartum hemorrhage prevention – putting quality, cost-effective uterotonics in the hands of midwives across birth settings

C. Howard Taylor[1], *J. Jacobs*[2]

1 *Merck, Merck for Mothers, Washington, USA*
2 *Merck, Merck for Mothers, New Jersey, USA*

PURPOSE

Demonstration of a new cost-effectiveness tool to support uterotonic purchasing decisions.

DISCUSSION

Introduction: Postpartum hemorrhage (PPH) remains the leading cause of direct maternal mortality in low- and middle-income countries. Active management of the 3rd stage of labor is the best practice in preventing primary PPH caused by uterine atony. WHO PPH prevention recommendations, updated in December 2018, include heat-stable carbetocin based on its efficacy/safety[1] and heat-stability evidence[2]. With several uterotonics now recommended for PPH prevention, this demands more informed purchasing decisions to ensure the right uterotonics, with the right profile, reach birthing women. The uterotonic network meta-analysis[3], on which these recommendations were made, included cost-effectiveness as a criterion for uterotonic selection. Cost-effectiveness is more than just cost of a drug but considers the uterotonic quality and cost of failure, its accessibility, and cost of PPH prevention as opposed to the human and financial cost of managing a PPH. Governments have few tools to ensure the uterotonics they purchase, or ask women to purchase, are the most cost-effective, and midwives have few tools to support their role in decisions around uterotonic selection.

EVIDENCE IF RELEVANT

[1] WHO recommendations: uterotonics for the prevention of postpartum haemorrhage, Dec 2018 https://www.who.int/reproductivehealth/publications/uterotonics-pph/en/
[2] Journal of Peptide Science – "Development and stability of a heat-stable formulation of carbetocin for the prevention of postpartum hemorrhage for use in low and middle income countries", 27 April 2018
[3] Updated Cochrane Network Meta-Analysis on Uterotonics – this analysis underlies WHO's recent recommendations for uterotonics for the prevention of PPH: https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD011689.pub3/full

KEY MESSAGE

Midwives need tools to be able to influence policy and purchasing of quality cost effective uterotonics.

Room 2

CONCURRENT SESSION: PPH

ORAL PRESENTATION

ICMBALI-1682 - Multi-professional simulation training on postpartum haemorrhage. An evidence-based practice to reduce maternal morbidity and mortality

S. Egenberg[1]

1 *Stavanger University Hospital, Department of Obstetrics and Gynecology, Vassøy, Norway*

BACKGROUND

Background: Postpartum haemorrhage is recognized as one of the main maternal killers, causing the death of appr. 250 mothers every day. For every woman dying, more than 20 mothers are suffering from long-lasting sequelae after complications due to PPH.

OBJECTIVES

The purpose of the project was to share with maternity staff in a low- and a high resource country a learning method on how to manage postpartum haemorrhage, and to measure the effects of the educational intervention. The aim was to enhance competence on PPH management and thereby improve team efficiency and patient outcome.

METHODS

In this quasi-experimental pre-post interventional study, multi-professional simulation training was carried out at four study sites, organized by the local faculty in close cooperation with the research team and with the support of the management. All midwives, nurses, doctors and auxiliary nurses participated in the realistic training on PPH, followed by a debrief for reflective learning. Effects of the training was measured quantitatively by a survey on self-efficacy and by measuring patient outcomes by blood transfusion rates as an indirect indicator for severe PPH. By a qualitative design the experiences of participating staff after training were explored.

RESULTS

Multi-professional training increased significantly self-efficacy related to PPH among participants. The need for blood transfusions was reduced by 41 % in the high resource settings and by 47 % in a low-resource setting. The participants valued team training with their colleagues in multi-professional teams as the overall most important learning feature.

CONCLUSIONS

Multi-professional, scenario-based training that emphasizes relevant and realistic PPH-scenarios, stimulates reflective learning and let the participants repeat for enhanced learning, may contribute to reduced maternal morbidity and mortality.

KEY MESSAGE

Efficient multi-professional teamwork might reduce maternal mortality due to PPH.

Room 3

WORKSHOP: HOW TO USE DATA AND DIGITAL TOOLS FROM THE GLOBAL MIDWIFERY KNOWLEDGE HUB TO IMPROVE MIDWIFERY POLICIES AND SERVICES

ICMBALI-1968 - How to use data and digital tools from the global midwifery knowledge hub to improve midwifery policies and services

A. Schroeder[1], *J. White*[1]

1 *Direct Relief, Research and Analysis, Santa Barbara, USA*

THE LEARNING OUTCOMES

Data is more important and more available than ever before to help shape decision-making, frame effective advocacy, and guide evidence-based health programs. In order to take proper advantage of data though it needs to be searchable, accessible and connected to useful applications for analysis and visualization. Direct Relief and ICM have teamed up to help midwifery associations throughout the world deploy data more effectively in all these ways, to improve midwifery policy and practice, by creating the Global Midwifery Knowledge Hub. The Global Midwifery Knowledge Hub is a new web-based repository of the best open data of direct relevance to midwifery, safe delivery and maternal and child health, as well as a library of digital tools to help transform that data into practical, actionable information and insight. This 90-minute workshop will teach participants how to use the Global Midwifery Knowledge Hub to discover vital data resources, make digital maps and dashboards, create analyses and connect with others in the global midwifery community working to advocate for better policies and create impactful health practices.

THE PROCESS/ACTIVITIES

The format of this workshop will be a series of guided exercises. Participants will learn specifically: How to search and discover valuable datasets for policy advocacy and health service delivery. How to configure and use digital maps and other visualizations to make key compelling. informational graphics for presentations, documents, websites and social media. How to make and share data-driven stories How to add new data services to the Global Midwifery Knowledge Hub. How to use hosted applications in the Knowledge Hub, like ICM's Global Midwifery Member Associations Map, to quickly make impactful cases for resource needs and policy changes.

AUDIENCE PARTICIPATION

Participants should bring a laptop or a tablet. The structure of this workshop will be highly interactive, using guided exercises to help participants develop new skills in data discovery, presentation and analysis.

REFERENCES

https://www.directrelief.org/maps

https://www.internationalmidwives.org/icm-publications/map.html

SPONSOR

There is no sponsor of this workshop. Direct Relief collaborates closely with ICM on the development of the Global Midwifery Knowledge Hub and the Midwifery Associations map.

ICMBALI-1372 - ORAMMA symposium: Enhancing the care of migrant mothers

V. Vivilaki[1], *H. Soltani*[2], *E. Sioti*[1], *F. Fair*[2], *E. Triantafyllou*[1], *M. Jokinen*[3]

1 *University of West Attica, Midwifery, Athens, Greece*
2 *Sheffield Hallam University- UK, Midwifery, Sheffield, United Kingdom*
3 *European Midwives Association, Brussels, Belgium*

PURPOSE OF THE SYMPOSIUM

"Operational Refugee and Migrant Maternal Approach" (ORAMMA), was designed to inform an integrated perinatal care model sensitive to the needs of migrant women and their families to reduce perinatal health inequalities for migrant women in Europe. Implementation of ORAMMA's work is based on a team approach, including:· health workers· social care providers· locally recruited cultural maternity peer supporters (MPS).This symposium presents an overview of the ORAMMA project including its aims and objectives, methodology and findings from the systematic reviews and feasibility study.The symposium leader Victoria Vivilaki *Assistant Professor, University of West Attica, GREECE – ORAMMA Coordinator*will begin with an overview of the project aims and each of the 4 presentations.

1ST PRESENTATION

Hora Soltani, Professor, Sheffield Hallam University, UK: Systematic review: Migrant and refugee women's experiences of pregnancy and care received

Findings from a systematicreview to explore migrant women's experiences of perinatal care in Europe will be presented. A systematic search of five databases was undertaken, using search terms such as "migrant", "maternity" and "experience". Articleswere screened against inclusion criteria (e.g. published from 2007). Standardised data extraction tables and quality appraisal tools were used. A thematic synthesis of qualitative data was undertaken. Of the 7472 articles screened, 51 articles were included. The synthesis revealed issues such as 'finding the way – navigating the system in a new place', 'we don't understand each other' – including communication, information provision and differences in cultural expectations, 'the way you treat me matters' and 'my needs go beyond being pregnant' including psychological, socioeconomic and living conditions.

2ND PRESENTATION

Eirini Sioti,Midwifery Researcher, University of West Attica : ORAMMA in Action: ORAMMA approach and outcomes

*GREECE*An interdisciplinary perinatal care model was developed using the above systematic evidence, good-practice examples and expert views. This care model addressed migrant women's needs, going beyond clinical care, considering social and economic challenges and included Maternity Peer Supporters (MPS). The feasibility of implementing the multidisciplinary midwife managed continuity-care model was assessed in three diverse EU-countries (Greece, the Netherlands and UK) by recruiting 90 migrant women. The model was found to be feasible in all settings. The model will be discussed along with descriptive analysis of the findings.

3RD PRESENTATION

Frankie Fair, Midwifery researcher, Sheffield Hallam University: Experiences of migrant women, healthcare providers and maternity peer supporters in the ORAMMA project

Views of the ORAMMA model were obtained from the migrant women, MPS and healthcare providers (HCPs) through semi-structured interviews. Qualitative data was analysed thematically. The model was found to be well received by the majority of those involved.

4TH PRESENTATION

Mervi Jokinen, President European Midwives Association (EMA): ORAMMA training materials & E-learning website

Training packages were developed for both HCPs and MPSs as part of he ORAMMA approach. These related to the provision of midwife-led continuity perinatalcare model that was culturally competent, compassionate, trauma-aware, respectful and equitable, supported by multidisciplinary team-working. An overview of the training packages will be provided.

COMMON FOCUS

The common focus of the presentations is enhancing migrant maternal health by developing and delivering a model of care across diverse European settings.

COHESION BETWEEN SECTIONS

The presentations all focus on different aspects of the ORAMMA project. Presentation 1 provides results of the systematic review, Presentation 2 how the results of the systematic review, along with expert opinion and good practices examples fed into

the ORAMMA model which was tested in the feasibility study. Descriptive and qualitative results of the feasibility study are provided in presentation 2 and 3. The training materials developed to train healthcare providers and MPS is the focus of presentation 4.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Due to political disturbances and socioeconomic hardships, there is an increasing flow of migration across the globe particularly towards Europe. Many of these are women of childbearing age, pregnant or new mothers who face various challenges and have particular needs during the perinatal period. In this age of super-diversity, provision of maternity care which is sensitive to the needs of all factions of our society is paramount to ensure a healthy, prosperous and forward-looking community. The ORAMMA model provides an integrated perinatal care model sensitive to the needs of migrant women and their families to reduce perinatal health inequalities for migrant women.

Room 5

SYMPOSIUM: SPEAKING OUR TRUTHS: TOOLS TO TRANSFORM AUTONOMY AND RESPECT IN MATERNITY CARE

ICMBALI-1820 - Speaking our truths: tools to transform autonomy and respect in maternity care

S. Vedam[1], *T. Khemet Taiwo*[2], *M. Gross*[3], *M. Lazzerini*[4], *Ö.Ü.D.M. Öztürk*[5], *C. Limmer*[3]

1 *Birth Place Lab, University of British Columbia, Midwifery, Vancouver, Canada*
2 *Bastyr University, Midwifery, Seattle, USA*
3 *Hannover Medical School, Midwifery Research and Education Unit- Obstetrics- Gynaecology and Reproductive Medicine, Hannover, Germany*
4 *WHO Collaborating Centre for Maternal and Child Health Director, Institute for Maternal and Child Health IRCCS Burlo Garofolo, Trieste, Italy*
5 *Amasya University Faculty of Health Sciences- Midwifery Department, Midwifery, Amasya Merkez, Turkey*

PURPOSE OF THE SYMPOSIUM

High quality, respectful maternity care is a global priority. In 2016, the World Health Organization (WHO) published eight standards for quality of maternal and newborn care that can be used to evaluate to which extend facilities provide health services that are equitable, person-centered, safe, effective, and are accessible in a timely manner. These standards, among other things, emphasize judicious use of obstetric interventions, and evidence-based practices alongside care that prioritizes respect, dignity, emotional support, and patient-led, informed decision-making. Researchers around the world have used the WHO QMNC framework to develop tools, to measure quality of care and to use the results to inform quality assurance strategies. During this symposium, we will present examples of such initiatives from four countries: Italy, United States, Turkey & Germany. (60 minutes).

1ST PRESENTATION

Marzia Lazzerini,

Director of WHO Collaborating Centre for Maternal and Child Health will describe the development and validation of two questionnaires (for childbearing women and maternity care providers) that are based on the WHO Standards for improving the quality of maternal and newborn health at the facility level. She will also report results from 9 facilities who have used the survey tools. The second half of her presentation will focus on collaborative development of facility level initiatives to improve quality of maternal & newborn care in Italy.

2ND PRESENTATION

Tanya Khemet Taiwo,

midwife and Assistant Professor Bastyr University, in Washington state will present findings from the Giving Voice to Mothers Study in the US. Among 2700 people who experienced a pregnancy in the United States between 2010–2016, women of colour were less likely to have a key role in decision-making and more likely to report mistreatment from hospital-based care providers. The definition of mistreatment was achieved through a multi-stakeholder community based participatory research process and included non-consented procedures and interventions. By contrast, autonomy was high for all people who gave birth in the community, and those who received care from midwives. Dr. Khemet Taiwo will also discuss outcomes of a US implementation project.

3RD PRESENTATION

Midwife Claudia Limmer and Mechthild Gross

(Head, midwifery education and research unit, Hannover Medical School) integrated Mothers Autonomy in Decision-Making Scale (MADM) and other scales of high-quality maternity care into a survey of obstetric violence. They received responses from 2045 women who had given birth in Germany between 2009 and 2018. Mechthild and Claudia's presentation will focus on the relationship between autonomy, respect, mistreatment and traumatic birth experiences and how these experiences vary by maternal and perinatal characteristics.

4TH PRESENTATION

Assistant midwifery professor Duygu Murat Öztürk

will describe application of the MADM scale in four Turkish provinces (İstanbul, Amasya, Eskişehir, Ankara etc.). A total of 200 women will participate by August 2019. Preliminary results suggest high internal consistency of the Turkish version of the MADM scale (alpha = 0.94) and significant differences in scores, depending on which care provider women saw during pregnancy. Implementation of measures of high quality care in the Turkish context will be discussed.

COMMON FOCUS

All presenters will describe the development, application and/or implementation of tools that assess quality of maternal and newborn care. Some tools cover the entire range of quality standards (Italy) and others focus on specific standards and concepts, such as mistreatment in childbirth (United States), autonomy in decision-making and discrimination by care providers (Turkey and Germany). Each presenter will dedicate part of their presentation on current or planned quality assurance initiatives in their respective countries.

COHESION BETWEEN SECTIONS

Following the panel presentations, participants who are currently working with any of the measures that were presented during the symposium and those who are interested in applying them will be invited to exchange ideas, insights, and best practice tips for adaptation and implementation to country contexts (20 minutes). Saraswathi Vedam will introduce the sessions (5 min), moderate the discussion and provide a summary (5 min), in the context of the global maternity landscape.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

The tools and implementation strategies that are discussed during the symposium are relevant to midwifery practice, education and policy as these tools inform best practices, and educational competencies that need to be supported/formalized through organizational and health policies.

ICMBALI-0873 - How midwives can improve maternity care for women with vasa praevia?

N. Javid[1], *C. Homer*[2]

1 *University of Technology Sydney, Centre for Midwifery- Child and Family Health, Sydney, Australia*
2 *Burnet Institute, Maternal and Child Health, Melbourne, Australia*

BACKGROUND

Women with an antenatal diagnosis of vasa praevia (VP) may experience stress and worry due to the risks associated with VP. Vasa praevia occurs when the fetal blood vessels traverse over or close to the cervix, and is associated with a high perinatal mortality rate (60 %) if not managed appropriately during pregnancy and birth. Current international guidelines in Australia, Canada, New Zealand, UK and the US report that admission to hospital and early caesarean section significantly improves the perinatal outcomes. Although midwives work in collaboration with the obstetricians in caring for women with VP, little is known about the midwives' role in the provision of care for this group of women.

OBJECTIVES

The aim of this study was to explore how midwives can improve the maternity care for women with an antenatal diagnosis of VP.

METHODS

A descriptive qualitative study was conducted with 20 midwives and 22 consultant obstetricians in all states and territories of Australia. Semi-structured in-depth interviews were conducted during 2016–2017 and over the phone to capture midwives' and obstetricians' perspectives. The interviews were digitally recorded and transcribed verbatim.

RESULTS

After an inductive thematic analysis, findings were mapped according to The Quality Maternal and Newborn Care Framework. Midwifery continuity of carer, in collaboration with obstetricians, were essential in educating and empowering women; assessing and care planning; normalising pregnancy within a high-risk context; and first-line management of complications. Providing emotional support and tailored, respectful and woman-centred care according to woman's needs were crucial.

CONCLUSIONS

Providing safe, holistic and high-quality maternity care for women with antenatal diagnosis of VP requires interpersonal care provided by midwives as well as clinical care (and medical interventions).

KEY MESSAGE

Findings from this study have significant implications for planning, delivering and evaluating care for women with VP, and may inform midwifery education and clinical practice guidelines.

ICMBALI-0655 - Prevalence of and factors associated with transfer of primiparous women from community birth to obstetric units in Germany

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BACKGROUND

Over one-third of primiparae planning community births in high-income countries are transferred during labor. Perinatal data are reported each year in Germany for women planning community birth but datasets have not been linked to describe factors associated with nulliparous transfer to hospital.

OBJECTIVES

To describe the prevalence of referral for nulliparae and assess maternal and labor characteristics associated with intrapartum transfer.

METHODS

Perinatal data from 2010–2015 were linked (n = 26,115). Women were reviewed regarding international eligibility criteria for community birth as determined via systematic literature search and 1,997 were removed (7.6 %). Descriptive statistics are reported and unadjusted and adjusted odds ratios with 95 % confidence intervals (CI) test the predictive effect of demographic and labor factors on rates of intrapartum transfer. The Ethics Commission of Hannover Medical School approved the study (Nr. 3620–2017).

RESULTS

From the overall primiparous cohort, 30.6 % (n = 7,080) were transferred to hospital. Transferred women were significantly more likely to experience longer time intervals during labor: from rupture of membranes (ROM) till birth lasting 5–18 hours (OR 6.05, CI 5.53–6.61) and 19–24 hours (OR 10.83, CI 9.45–12.41) compared to one to four hours; and from onset of labor until birth 11–24 hours (OR 6.72, CI 6.24–7.23) and 25–29 hours (OR 26.62, CI 22.77–31.11) compared to one to 10 hours. When entering all factors into the model, we found the strongest predictors of transfer to be fetal distress, longer time intervals between ROM until birth and onset of labor until birth.

CONCLUSIONS

Nulliparous transfer rates were similar to other high- income countries.

KEY MESSAGE

While maternal and gestational age, birth weight and presence of meconium are known factors associated with primiparous transfer, our study found for the first time long time intervals in labor most significantly associated with referral from community birth to obstetric units in addition to fetal distress.

ICMBALI-0589 - Development of case vignettes to evaluate the risk perception of midwives and obstetricians as part of a mixed method research design

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BACKGROUND

Concern about litigation has led to risk orientation in maternal care. In the meantime, the concept of risk has become a central issue in the care of women during childbirth in Europe. Although studies have investigated whether risk perception affects the role of midwifery, there is a gap in research about what midwives and obstetricians actually perceive as risk / risky situations while caring for women giving birth.

OBJECTIVES

The aim of this study is to gain insights into what midwives and obstetricians perceive as risk in the German clinical setting in order to construct valid case vignettes of risky situations for an online survey.

METHODS

Focus groups were conducted with midwives and obstetricians. Contrasting or comparative groups based on a sampling plan and theoretically justified pre-defined criteria were arranged. The transcribed data were analyzed according to qualitative content analysis. The Ethic-Committee of the Hochschule für Gesundheit-University of Applied Sciences, has granted ethical approval. The study is part of a doctoral thesis.

RESULTS

Preliminary results show that risk is perceived differently within the German clinical setting. It includes birth-related risks as well as risks perceived by health professionals as personal risks to themselves. The results enable the creation of case vignettes summarizing the different types and scopes of perceived risk situations, as described by the interviewees. Excerpts from the case vignettes will be presented.

CONCLUSIONS

Dealing with risk during childbirth is of great relevance for midwives and obstetricians. The developed case vignettes will be integrated into an online survey. This survey serves to determine to what extent systemic or personal factors influence the risk perception of midwives and obstetricians and thus the care of women giving birth.

KEY MESSAGE

Addressing the perceived risk of obstetric health care professionals as a potential determinant influencing decision-making processes during childbirth is crucial to the improvement of maternity care.

ICMBALI-2207 - Do root cause analysis make a difference to patient safety incidents, midwives perspective

L. Mclaughlin[1]

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DESCRIPTION OF RESEARCH OR INNOVATION

Root cause analysis is a widely used tool for the investigation of patient safety incidents across the world but there is little research that they actually make a difference. My research is focused around maternity services and midwives perception of whether root cause analysis investigations are effective. I have used a qualitative methodology and online focus groups in order to obtain my research findings.

SIGNIFICANCE TO MIDWIFERY

Maternity services is the greatest value area of litigation within healthcare. When things go wrong in maternity services the impact is often for both mother and baby but also effects the whole healthcare system and the staff that work within it. Although the root cause analysis tool is routinely used within maternity care investigations we often see the recurrence of the same incident happening. This led me to question are root cause analysis investigations just a tick box process.

ICMBALI-1200 - Prevent maternal and neonatal complications caused by micronutrient deficiency through virtual reality counseling system for pregnant women

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DESCRIPTION OF RESEARCH OR INNOVATION

Maternal anemia continues to be the cause of a considerable number of perinatal morbidity and mortality. The virtual reality (VR) in the prevention of maternal and neonatal complications focused on iron supplementation and food education. This experience avoids learning distractions, and provides an excellent opportunity for the expectant mother to interact actively and help her to understand complex concepts. The system will generate personalized feeding plans based on the information registered by the pregnant woman.

VR glasses and software are delivered to pregnant women through the support of health professionals during the first trimester of pregnancy in a Hospital in Peru.

SIGNIFICANCE TO MIDWIFERY

Generates a higher level of knowledge, improves dietary habits and perception of risk in pregnancy and the unborn child.

There´s an active role of women in strengthening healthy habits during pregnancy and in understanding the risks of inadequate nutrition (premature birth, low birth weight, etc) supported by midwives.

ICMBALI-0708 - Outcomes and impact of an ICU admission for severe maternal complications during pregnancy or birth: a case study

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DESCRIPTION OF RESEARCH OR INNOVATION

Alterations to a woman's physiology during pregnancy means that an admission to an intensive care unit (ICU) during pregnancy or birth represents an episode of severe maternal morbidity.

Description of research: This study explored the health and wellbeing of women who experienced an ICU admission for severe maternal complications during pregnancy or birth.

How it was done: Multiple methods were employed to collect qualitative and quantitative data from pregnant and postnatal women who had received care in the ICU of an Australian regional tertiary hospital.

Three themes emerged to reflect the women's experience: 1. Responding to the situation, 2. Being separated from the baby, 3. Being a supportive partner.

SIGNIFICANCE TO MIDWIFERY

Women who are admitted to the ICU during pregnancy and birth are affected by their experience. When holding the space with women, the midwife must stand with those important to the woman when she is unable to hold her own space.

ICMBALI-1790 - Use of a computerized birth outcome tool for quality improvement : collaboration between a rural midwifery clinic in Uganda and a university-based us team

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3 *Kyembogo Health Center III, Birth Center, Fort Portal, Uganda*

BACKGROUND

A health center III in Uganda, Kyarusozi community, is staffed by 4 certified midwives, led by a midwife administrator. The clinic uses a handwritten book registry to document all deliveries and outcomes, and sends written data to the Ministry of Health on a regular basis.

OBJECTIVES

1. To evaluate data collection and clinical practices and work load among different midwives.
2. To improve quality of care and allocation of resources.

METHODS

A US$ 5000 grant was used to purchase 4 portable computers a Wi- Fi spot, The birth registry book was evaluated, entries were standardized and codified, and a database was created on google forms. Data from June 2015 to present was entered, and electronic data entry was set for future records. Clinic staff has been trained to enter data, and data analysis has started using a free open source statistics package.

RESULTS

One thousand seventy four (1,074) patients ranging in age from 15 to 47, were seen at the clinic during the analyzed period. Median age was 24, mean was 25.3 (SD = 6.1). Parity ranged from 1 to 13, with a median of 3, and a mean of 3.5 (SD = 2.2) Discussion of the data collection process and results are helping the clinic staff to discover the need to take accurate records, and the utility of the data to improve their practices.

CONCLUSIONS

Despite the enormous number of logistical and technological challenges that a midwifery rural clinic in Uganda may have, clinic staff are willing to collect and use data that allows them to analyze their operations and think of ways to improve the care that they deliver.

KEY MESSAGE

This international team was able to implement a live electronic data collection tool via Google forms which was also used for a Quality Improvement tool with live data dashboard.

ICMBALI-0411 - Exploring playful technology to support breastfeeding education

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2 *Sudan University- Shanghai- China, Fudan University, Shanghai, China*
3 *Independant Midwife- Care4Education, Joke Muyldermans, Hoeilaart, Belgium*

BACKGROUND

Existing ICT systems that support breastfeeding through education [1]can be effective in improving adherence to recommended breastfeeding practice [2]. However, some opportunities for improvement remain [3], e.g., partners contribute to the success of breastfeeding [4]but are often excluded from interventions [1]. Likewise, existing ICT solutions have not leveraged playful-immersive technology (e.g., games, virtual reality (VR) simulations) to prepare parents-to-be for the breastfeeding journey although successful in other healthcare settings [5]. In addition, Care4Education has already developed a playful package for giving interactive workshops about breastfeeding to (future) parents.

OBJECTIVES

This paper discusses the role of technology to encourage breastfeeding, and explores opportunities for playful and immersive technology to improve breastfeeding education and make it more accessible for other relevant stakeholders, e.g., partners.

METHODS

We carried out exploratory work [6]to assess mothers' perspective on technology in the context of breastfeeding.

RESULTS

Preliminary results show that breastfeeding mothers are open toward the integration of playful technology to support the breastfeeding process. Here, we foresee two promising opportunities for future research: 1) immersive systems can give insights into breastfeeding experience through playful simulation, 2) playful technology can portray needs of infants and raise awareness of challenges in the feeding journey without creating a discouraging image. We will present initial low-fidelity and technology prototypes that explore how VR systems can be leveraged to give parents-to-be a glimpse at the experience of breastfeeding, present our co-creative research approach that develops playful and engaging breastfeeding simulations together with midwives, parents, and parents-to-be, and outline avenues for future research.

CONCLUSIONS

A breastfeeding simulation can be a tool in breastfeeding education that allows parents-to-be to explore the breastfeeding experience in detail.

KEY MESSAGE

ICT can enhance breastfeeding education and practices for midwives and parents, and there is scope for the development of playful and immersive technology to engage parents-to-be.

Room 7

CONCURRENT SESSION: TECHNOLOGY 1

ORAL PRESENTATION

ICMBALI-0691 - The social/medical of maternity care AND you

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PURPOSE

Social scientists bring different perspectives to midwifery research. This paper applies the social/medical model to midwifery practice to illustrate that individual midwives fit somewhere on a spectrum that runs from a medical to a social model. One's position on that spectrum is linked to socially constructed notions of 'What is risk?' and 'What is normal?'

DISCUSSION

The medical model, widely used in the media, is based on objective science and diagnosis and offers individual treatment to individual patients. The social model argues that there is inter-dependency between health and people's wider environments. It focuses on everyday life and socio-economic, cultural and environmental aspects of health. The social model maintains that pregnancy and childbirth are physiological events that occur in most women's lives. A social model of care accepts childbirth as a normal event, needing some health promotion and preventative measures. The medical model portrays a different view, namely that childbirth is potentially pathological, thus every woman is potentially at risk in pregnancy and labour. In short the medical model wants us to believe that pregnancy and childbirth are only safe in retrospect.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Understanding sociological models of pregnancy and childbirth can help politicians, journalists, policy-makers, midwives, doctors, and other health workers, childbirth activists as well as pregnant women and new mothers (and their partners) to put issues around 'normal birth' into perspective.

KEY REFERENCES

MacKenzie Bryers H., van Teijlingen, E. (2010) Risk, Theory, Social & Medical Models: critical analysis of concept of risk in maternity care, *Midwifery* 26(5): 488–496.

van Teijlingen, E, Lowis, G., McCaffery P., Porter, M. (eds.) (2000) *Midwifery & Medicalization of Childbirth: Comparative Perspectives*, NY: Nova Science.

KEY MESSAGE

Understanding one's own position and that of others on the social/medical model spectrum can hep to enhance the individual midwife's practice.

Room 8

CONCURRENT SESSION: WOMEN'S NARRATIVES

ORAL PRESENTATION

ICMBALI-1880 - The clock is ticking: midwives and women's understanding of time in labour

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PURPOSE

The purpose of this study was to explore women's and midwives understanding around time in labour.

Since the 1950's the duration of labour and progress in labour has been defined and measured by the passage of time on a clock. In hospital, the partogram represents this timeline for women. Little is known however, about the bodily process of labour outside of this timeline and how women and midwives experience time in labour.

DISCUSSION

Midwives and women participated in, in-depth interviews that were completed in 2017 and transcribed and then analysed using discourse analysis. A Foucauldian approach was used to expose the interaction and operation of language with the midwives practice and women's experience of time in labour.

RESULTS

Two main discourses emerged from this study, that of 'the ticking clock' and 'the corporeal clock'. The ticking clock dominated the timing of the process of labour from admission to hospital to the birth of the baby, by hurrying things along. The corporeal clock represented an embodied approach to labour and was mostly silenced by the ticking clock. One of the practices arising from the ticking clock was buying time, as midwives sought to subvert the ticking clock. Although considered altruistic, this too rendered the woman invisible.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Recognising the impact of the current discourses of time in labour has implications for midwives and for women labouring in the hospital system. This research highlights the need for a re-evaluation of our understanding of the timeline of labour, and the need to rethink the position of the woman in midwifery practice.

KEY MESSAGE

Midwife-led care, Normal birth, Empowerment.

ICMBALI-0203 - Women's experiences of domestic and family violence screening during pregnancy

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BACKGROUND

Implementing Domestic and Family Violence (DFV) screening, support, and prevention within maternity services is becoming common practice but women's experiences of screening are not routinely evaluated.

OBJECTIVES

To determine pregnant women's views and experiences of DFV screening by midwives.

METHODS

Pregnant women (n = 210) attending an antenatal service were surveyed about their experiences of screening and asked to complete three new measures: Beliefs about DFV Screening; Non-disclosure of DFV; and Midwifery Support.

RESULTS

Most women (92.3 % n = 194) reported being asked about DFV during pregnancy by a midwife. Twelve (5.8 %) respondents had/were experiencing DFV but not all disclosed during screening. A quarter (24.1 % n = 49) had experienced abuse during childhood. The scales were reliable and factor analysis established validity. Women reported positive Beliefs (Mean 35.38, SD 3.63 range 19–40) and views about Midwifery Support (Mean 24.88, SD 3.08 range 18–30). There was less agreement about why some women do not disclose DFV (Mean 21.97, SD 4.27, range 8–30). Lower scores on the Comfort factor of the Beliefs Scale occurred if a woman was abused as a child (t (199) = -2.283, $p = 0.23$), or experiencing violence now (t (199) = -2.283, $p = 0.016$). Written comments (n = 75) revealed support for screening, but routine enquiry needed to be explained, occur in the context of a trusting relationship and be confidential.

CONCLUSIONS

Women value screening, even if DFV is not disclosed. Exploring women's experiences of DFV screening is central to ensuring quality care and responding sensitively if DFV is disclosed.

KEY MESSAGE

Women who experienced routine enquiry were supportive of being asked about DFV, but actual rates of disclosure were low. Women acknowledged the role of the midwife in screening but generally did not want their information shared with others. They trusted and valued the immediate support the midwife could provide.

ICMBALI-0046 - Negation in the childbearing continuum: an in-depth exploration of women's narratives

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BACKGROUND

Negation can be used to describe the deliberate concealment, or unconscious denial (being unaware), of the childbearing continuum throughout pregnancy, labour, birth and the postnatal period. This lack of engagement with, and access of midwifery and maternity services, may put the women, baby and family at risk of increased morbidity and mortality, and poorer short and long term health outcomes. Research in this area is limited, mainly to quantitative evidence, with little exploration of women's narratives and an overall poor understanding of the subject.

OBJECTIVES

This research aims to provide empirical evidence, based on a qualitative approach, to address a significant gap in the evidence base on negated childbearing. It aims to provide an understanding of the narrative from the woman's perspective, increase awareness and knowledge of the subject and consider health professionals roles and involvement in care provision.

METHODS

A framework of social constructionism underpins a strong narrative inquiry methodology. The emphasis is on the context of the negation, and further contextual relationships between the researcher and participant. Unstructured in depth interviews, using the single question narrative methods were used to gather data in the first phase. A social media group was then used to obtain further data. Analysis used Chases's five lenses approach, continuing with the narrative approach, and using a holistic approach to consideration of the data.

RESULTS

Women's narratives of negated childbearing reveal uniquely individual stories, according to personal circumstance and contexts, revealing multiple "stories within stories", known as the theory of Matroyshka.

CONCLUSIONS

Individualised and empathetic care, knowledge and understanding is essential when caring for women and families, where childbearing has been negated.

KEY MESSAGE

Women who have been through negated childbearing need individualised and sensitive care pathways.

Negated childbearing needs further research, to more fully understand the implications for health on women, babies and families.

ICMBALI-0234 - Sexuality education after giving birth from Jordanian women and health care providers perspectives: a qualitative study

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BACKGROUND

Postpartum period is an important time in woman's life and involves a range of hormonal, physical, psychological, and social changes. Sexuality during this period has complex changes that can cause different problems from dissatisfaction to pathological illnesses which can take long time to treat. Although high level of sexual morbidity after childbirth exists, discussing sexuality with women and their partners or health care providers is still sensitive and problematic.

OBJECTIVES

This study aims to explore Jordanian women and health care providers perspectives about sexual teaching after childbirth.

METHODS

A phenomenological qualitative research was used. A purposive sample of 25 women and 22 (13 nurses, 7 midwives, 2 obstetricians) was recruited from three comprehensive health centers. The data was analyzed based on Giorgi's (1985) approach.

RESULTS

Three major themes emerged: "silence and unspoken needs"; "the importance of sexual education: the appropriate health care providers; the appropriate place and time for education""suggestions for improvements".

CONCLUSIONS

Both Jordanian women and healthcare providers in our study were hesitant to open sexuality topic during antenatal and postnatal visits due to cultural limitations and lack of knowledge.

KEY MESSAGE

Findings from this study will encourage policy makers to include more training and health teaching within the antenatal and postnatal clinics which may positively impact on the experiences of these women and facilitate patient-centered care. Decision makers should pay more attention to the needs of women especially in the periods of pregnancy and postpartum, by employing the suitable protocols as well as the required clinical guidelines. Furthermore, findings of the study might guide the decision makers to adopt effective education plans for increasing the awareness of sexuality. Results also could guide the planning of future specialized continuing professional education about sexuality.

ICMBALI-0367 - Couples' attitudes towards the use of alcohol during pregnancy

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2 *University of Applied Sciences Western Switzerland, Research Department- School of Health Sciences, Lausanne, Switzerland*

BACKGROUND

Most official healthcare guidelines apply the precautionary principle by recommending that pregnant women abstain from any alcohol. However, a number of women continue drinking alcohol while pregnant.

OBJECTIVES

The aim of this study was to investigate couples' experience of the issue of alcohol use during pregnancy as a transitional process.

METHODS

Thirty semi-directive joint interviews were conducted with couples expecting their first child in French-speaking Switzerland. Interviewing partners together was chosen for providing a window where couple unveil shared experiences, negotiations and disagreements. The inclusion criterion was women with non-problematic alcohol consumption. All interviews were transcribed verbatim and analysed thematically using ATLAS.ti. The study was approved by the Research Ethics Committee of regions concerned. All couples signed a separate informed consent form.

RESULTS

Couples endorsed the imperative of changing drinking habits and all the women reduced their alcohol consumption, while reporting difficulties. We identified three themes related to a smooth transition: internalization of risk discourses, abstinence as a social norm, and embodiment of alcohol aversion. We also found four kinds of difficulties encountered in couples' everyday lives, making the transition to abstinence problematic: burden of risk discourses, conflicting advices, social occasions, and desire for alcohol.

CONCLUSIONS

This paper makes a significant contribution by examining prenatal drinking change as a transition from the point of view of both members of the couple. In this conceptualization, the change of alcohol consumption is a relational process, which is shaped by multiple changes and social norms.

KEY MESSAGE

Our findings have important implications for practice. First, health professionals should be aware of the difficulties women experience when they abstain from alcohol during pregnancy. Second, our findings suggest the importance of a patient-centered approach that considers the role of the partner in supporting women's change in alcohol use.

ICMBALI-1721 - Becoming a mother with a chronic disease-influence of personal health beliefs and body image on decisions around childbirth

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BACKGROUND

Chronic diseases are an increasing problem worldwide. In addition to the usual challenges, the affected women have to cope with their medical treatment and a body image influenced by the vulnerable health status. This situation can cause inner conflicts and influences the decisions in pregnancy, birth and the breastfeeding period.

OBJECTIVES

The research focusses the interaction between personal health beliefs, body image and the decisions around childbirth in the group of women with chronic diseases.

METHODS

The method of Grounded Theory was used in collecting and analyzing the data. The research was based on 27 qualitative interviews with mothers who had been affected by a chronic disease for at least two years prior to their pregnancy. The identification of the main results were based on the principles of theoretical sampling and the comparative analysis of data.

RESULTS

Most of the women in the sample talked about their constant state of anxiety while being pregnant, trying to maintain their own health status and that of their unborn child at a maximum level. The women used different strategies such as the observation of physical changes, monitoring fetal growth and the accumulation of knowledge. Their individual body image had an impact on decisions concerning the birth mode or breastfeeding, the following experiences effected their general health beliefs. Midwives played a key role in supporting the women in the childbearing period, but did often not fulfil their role due to a lack of knowledge concerning the disease or a reserved attitude regarding the topic of being a mother with a low health status.

CONCLUSIONS

The body image and health beliefs of women with a chronic didease influence their decisions around childbirth apart from the required medical care.

KEY MESSAGE

There is a need for midwives to develop adapted professional concepts for childbearing women with a chronic disease.

ICMBALI-1750 - When a pregnancy is complicated with red blood cell alloimmunisation

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BACKGROUND

In the Netherlands Red blood cell (RBC) alloimmunisation occurs in approximately every 300 pregnancies, 80/year caused by Rhesus-D-antibodies of which 25 % have severe haemolytic disease of foetus and newborn (HDFN). No research examining women's experiences of this condition has been published.

OBJECTIVES

The objective of this study was to describe women's experience of a pregnancy complicated with RBC alloimmunisation.

METHODS

A descriptive study was conducted using in-depth interviews. A convenience sample of 10 pregnant women with RBC alloimmunisation and at risk for HDFN were interviewed during their complicated pregnancy or a few to several years after giving birth. Women were recruited from another cohort study on women with RhD alloimmunisation (OPZI 2.0 study). Transcripts of the interviews were analysed using content analysis to describe their experience.

RESULTS

The severity of the RBC alloimmunisation during pregnancy varied from RBC alloimmunistion with minimal risk for HDFN to severe HDFN. Five themes were identified from the descriptions of the experience as related by the participants. They encompassed the experience of the moment they first heard about the RBC alloimmunisation, experience of care, knowledge about HDFN by obstetric care workers and patients, impact of pregnancy turning from physiologic to pathologic and the impact on family planning.

CONCLUSIONS

The key word in all the themes was confidence; the trust in the pregnancy and well-being of the foetus and/or newborn has decreased. The experience of care and the way of providing information about the risks and possible treatments can break or increase the trust in the pregnancy and neonatal period.

KEY MESSAGE

The experienced care during a pregnancy complicated with RBC alloimmunisation is depending on how the information about risks and possible treatments is provided.

ICMBALI-1243 - Midwives step-up: the importance of breastfeeding support in gestational diabetes

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7 *The University of Sydney, Charles Perkins Centre, Sydney, Australia*

BACKGROUND

Diabetes is a global public health crisis with estimates of 16 % of live-births affected by diabetes. Research has found in women who had gestational diabetes(GDM), breastfeeding is protective for the development of type 2 diabetes(T2D). The longer the duration and intensity of breastfeeding the greater the benefit.

OBJECTIVES

To investigate breastfeeding experience and pregnancy outcomes in women with GDM.

METHODS

A prospective cohort study was conducted in Western Sydney, Australia between February 2017-April 2019. Women with GDM in their first pregnancy were interviewed during their second pregnancy. A study specific questionnaire was developed to investigate breastfeeding experience and factors that may contribute to developing GDM in their second pregnancy. Pregnancy outcome information was extracted from databases for current pregnancy and index pregnancy. Variables included country of birth, BMI, exercise history, pregnancy complication, insulin requirements, birth weight, difficulties with breastfeeding and diabetes diagnosis second pregnancy. This study had ethics approval(WSLHD HREC).

RESULTS

We present preliminary results on breastfeeding. We recruited 226 women with 213 eligible for analysis. For their first baby all women were discharged from hospital exclusively or partially breastfeeding, the median length of time for breastfeeding was 8.5 months (IQR 3–16 months), 46 % were exclusively breastfeeding at three months. Of the 19 % who breastfed < 3 months, 59 % said they stopped due to 'not enough milk', 42 % 'trouble latching'. The majority (51 %) stated they 'had trouble breastfeeding'. When asked to rate their breastfeeding experience in the first few days after birth 59 % stated 'very difficult' or 'difficult'.

CONCLUSIONS

Midwives can play an important role in T2D prevention through breastfeeding support in women with GDM. It is vital to ask women about their previous breastfeeding experience to provide evidence-based education to improve exclusive breastfeeding rates in women with GDM.

KEY MESSAGE

Breastfeeding support in GDM is imperative to improve health outcomes and reduce risk of Type 2 Diabetes.

ICMBALI-1410 - Exploration of physical activity levels of women in early pregnancy and influencing factors: a multi-cohort study

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2 *University College Dublin- National Maternity Hospital, UCD Perinatal Research Centre- School of Medicine, Dublin, Ireland*

BACKGROUND

Physical activity has important health benefits during pregnancy. Healthy women are recommended to undertake 150 minutes of moderate-intensity exercise per week. In Ireland, less than one-quarter of women meet recommendations, however limited data is available on Irish women's physical activity levels during pregnancy.

OBJECTIVES

To examine physical activity levels of women in early pregnancy and influencing factors.

METHODS

Secondary data from 1,412 women participating in three Randomised Controlled Trials during pregnancy between 2007–2019 in a tertiary referral hospital in Dublin were included. Observational data including demographic and lifestyle data relating to physical activity was collected.

RESULTS

Of the 1,412 women included, 76 % were multiparous, 63 % achieved third level education and 96 % were Caucasian. Mean gestation was 14 weeks, mean age 32.34 years and mean Body Mass Index (BMI) 27.38 kg/m^2. Of the included sample, 17.6 % (n = 248) met recommendation for physical activity in early pregnancy. Women in early pregnancy were significantly more likely to meet exercise recommendations if they were primiparous ($p < 0.001$), achieved third level education ($p = 0.002$), and had a BMI between 18.5–24.9 kg/m^2. Women who met physical activity recommendations had a significantly lower weight (kg) ($p = 0.001$) and BMI ($p < 0.001$) in early pregnancy compared to those that did not meet recommendations. There was no significant difference in gestational age, ethnicity and maternal age between women who met physical activity recommendations and those that did not.

CONCLUSIONS

Physical activity is an important modifiable health factor during pregnancy, levels of exercise in early pregnancy is extremely low amongst Irish women. Support measures and improved education from midwives is needed to improve physical activity in pregnancy.

KEY MESSAGE

Physical activity levels are extremely low amongst Irish women in early pregnancy. Midwives are uniquely positioned to positively influence maternal and family health through health promotion related to physical activity levels in pregnancy.

ICMBALI-2006 - Effect of yoga on maternal and foetal outcome among indian antenatal women

S.P. Dsouza[1]

1 *Coombe Women and infant university Hospital, St Joseph Postantal ward, Dublin, Ireland*

BACKGROUND

Yoga is an ancient mind-body practice; an appropriate form of exercise for pregnant women which can be adapted to their needs. Working on movements helps body to relax, supple and well-toned throughout the pregnancy. The dearth of recent literature indicates that the foetal outcomes are uncertain but yoga is beneficial in reducing the pregnancy discomforts, which promotes healthier and comfortable pregnancy.

OBJECTIVES

This study aimed to identify the effect of Yoga on both maternal and fetal outcomes among Indian women.

METHODS

This prospective after-only nonequivalent control group design studied 160 primigravid women. Purposive sampling technique allowed 80 sample each in control group and Yoga group. Five-point rating scales on Pregnancy Discomfort, Labour Outcome checklist and proforma on foetal Outcome and rating scale on postnatal depressive symptoms developed by the authors were used in data collection. Test-retest reliability r = 0.9 and validity were established. Data were collected at different points, 1. During pregnancy 2. Immediately after the delivery and 3. postpatum. Data was analysed using SPSS Version 16.0.

RESULTS

A significant difference in pregnancy discomforts at the gestation of 14–22 weeks ($P < 0.06$), 23–32 weeks ($p < 0.00010$) and 33–38 weeks ($p < 0.0001$) were established between women in control and yoga group. Women in the yoga group had reduced duration of first stage of labour and increased number of vaginal deliveries. No significant difference in fetal parameters such as apgar score ($p = 0.17$) and birth weight ($p = 0.26$).

CONCLUSIONS

Findings suggest that Yoga may be considered as an alternative therapy for antenatal women to combat some of their pregnancy discomforts and to improve labour outcomes. Yoga may be included in the antenatal program package to enhance quality care.

KEY MESSAGE

The midwives as an independent practitioner, leaders and administrators consider yoga as an integral part of antenatal education program that contributes to quality care in midwifery service.

ICMBALI-1923 - Macronutrients and micronutrients deficiency among pregnant women in south Asian countries: a systematic review

J.A. Noronha[1], *K. Sushmitha*[2], *S. Kamath*[2], *R. Ravishankar*[3]

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2 *Manipal Academy of Higher Education, Department of Obg Nursing, Manipal, India*
3 *Manipal Academy of Higher Education, Department of statistics, Manipal, India*

BACKGROUND

Maternal nutrition has profound effects on fetal growth, development, and subsequent infant birth weight, and the health and well-being of the woman herself. Deficiencies in maternal micronutrient status are a result of: poor quality diets; high fertility rates; repeated pregnancies; short inter-pregnancy intervals; and, increased physiological needs. Deficiencies in micronutrients that affect many women of reproductive age are now known to be associated with adverse maternal and perinatal outcomes.

OBJECTIVES

To summarize the evidence about adequacy of macro and micronutrient intake among pregnant women in South Asian countries.

METHODS

Study designs included observational studies, cross sectional, case control and cohort studies. Studies reporting on intake of macronutrients and micronutrients among pregnant women in India were included.

The databases searched included were OVIDSP, Cochrane central search, PubMed, proquest and Cinhal plus. The key words used for the search included macronutrients, micronutrients, pregnancy, South Asian countries. Two independent assessors evaluated the quality and extracted data. Only full text available articles available were finally included.

RESULTS

Fifteen studies were included for data extraction. Forty nine studies were excluded since it did not meet the inclusion criteria. 11 studies from India, and one study from Bangladesh, one study from Karachi Pakistan. The period of gestation reported by studies varied from 14 weeks to 28 weeks. The pooled estimate of calorie intake during pregnancy was 1963.34(95 % CI 1607.22–2319.44); fat intake 39.7 (95 %CI 28.74–50.66); protein 46.39 (95 % CI41.46–51.33). The pooled estimates of micronutrients could not be computed since the unit of measurement reported varied in each study. The deficiency of iron varied from 25.1 % to 74 %; zinc 25 to 73.5 %; folic acid 3.1 to 26.3 %.

CONCLUSIONS

Micro and macronutrient deficiency exists among pregnant women in south Asian region. Hence awareness regarding intake of balanced diet to improve the bioavailability of micronutrients in pregnancy to reduce maternal and neonatal complications is needed.

KEY MESSAGE

Micronutrient,Macronutient, Pregnancy.

ICMBALI-0856 - Implementing a healthy eating education program for midwives and evaluating their level of knowledge and confidence to support pregnant women: a mixed methods study

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BACKGROUND

Providing healthy eating education to pregnant women is beneficial, with short-and long-term effects for maternal and newborn outcomes. Midwives play a significant role in providing education for pregnant women, however, they still require up-to-date research and education to enhance and maintain their knowledge and confidence.

OBJECTIVES

To develop, facilitate and evaluate a healthy eating education program for midwives and undertake an in-depth exploration of their views after attending the education.

METHODS

Sequential explanatory mixed methods approach was undertaken including two phases: phase 1(pre-, immediate, and further post-test intervention: quantitative study) followed by phase 2 (semi-structured interview: qualitative study). The study obtained ethics approval from UniSA Human Research Ethics committee (protocol number 200150).

RESULTS

Midwives gained knowledge and confidence after attending the education program. The mean difference of total knowledge and confidence scores between pre-, and immediate questionnaire measures showed statistically significant improvements in nutrition knowledge and confidence level (4.93 ± 1.62 v. 7.55 ± 1.55; $P < 0.000$), (22.05 ± 6.87 v. 31.48 ± 7.47; $P < 0.000$) respectively. Interview data confirmed that some midwives were utilizing the newly acquired education in their clinical setting however, they reported having some barriers and challenges.

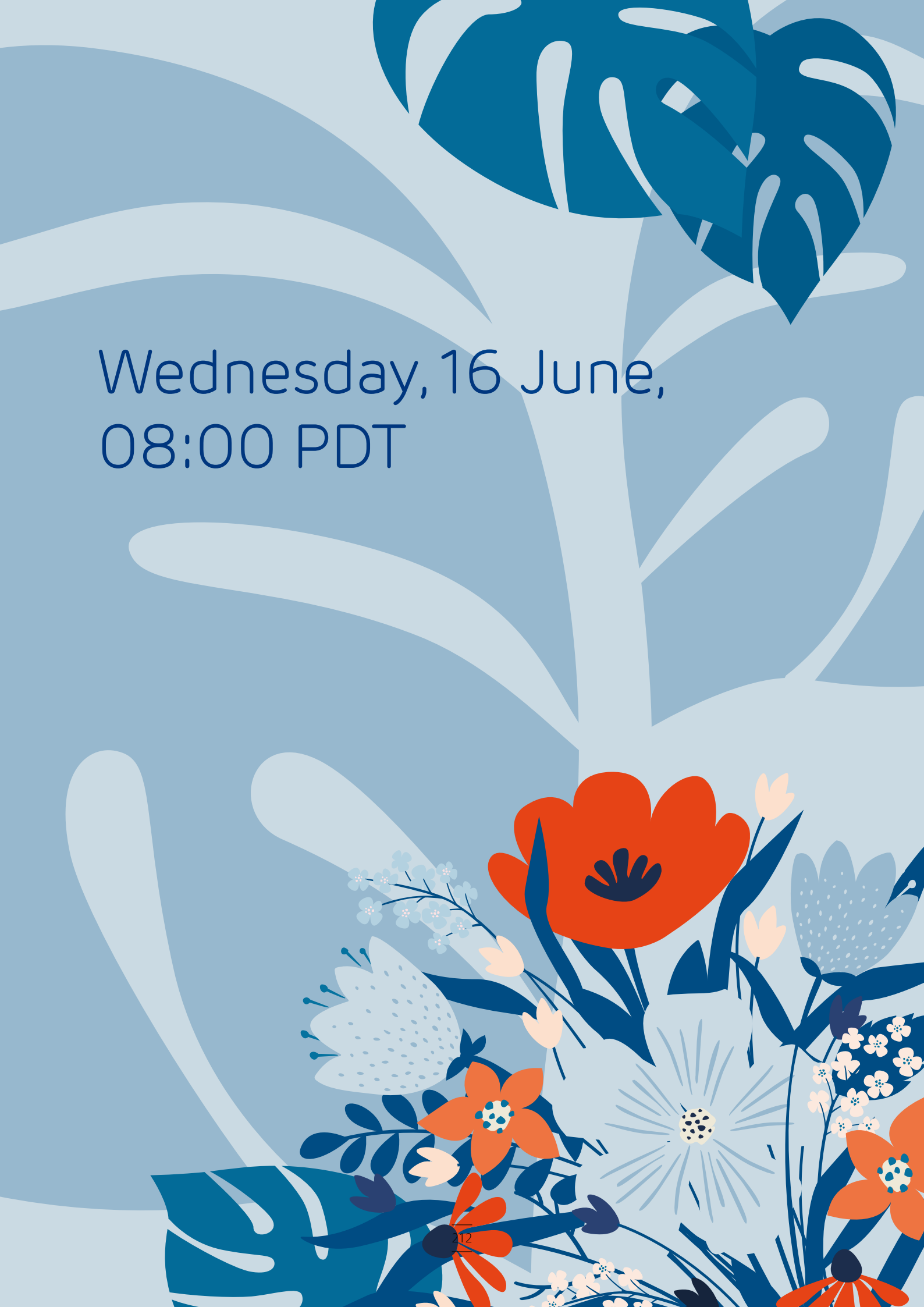
CONCLUSIONS

The healthy eating education program improved midwives' level of knowledge and confidence immediately after receiving the education and was maintained after six to eight weeks from receiving the education. This study is unique in that it reports on a follow-up which re-evaluates midwives' level of knowledge and confidence between six to eight weeks after attending the education program.

KEY MESSAGE

A healthy eating education program based on evidence-based guidelines can be recommended for continued professional development.

Wednesday, 16 June, 08:00 PDT



WHO: Midwifery in India: progress and way-forward

Ram Chahar (India)
Payden (India)
Neena Raina
Bharati Sharma (India)
Paridhi Jha (India)
Sunil Mehra (India)
Luigi D'aquino (India)
Medha Gandhi (India)
Evita Fernandez (India)
Pushpa Chaudhary (India)

In December 2018, Government of India took a landmark policy decision to provide midwifery services in the country through midwife led care in the country. The country is working towards creating a cadre of Nurse Practitioners in Midwifery in India. The vision of the policy is to have quality midwifery care for all mothers and newborns right from the conception to the post-partum period. The Guidelines on Midwifery Services, India, 2018 launched by MoHFW gives a comprehensive view of the vison of this initiative along with its history.

Join us in this session to learn how the country is working towards establishing midwifery led care services in the country. The session will provide a glimpse about India's progress in generating evidence on different aspects of strengthening midwifery education (competencies, berries and facilitators), and creation of enabling environment for quality midwifery services delivery.

The session will provide a great opportunity to learn about the country's commitment and progress in supporting the midwifery education and services. Participants will get a glimpse how the country is gearing towards creating a new cadre of service providers to integrate respectful care to mothers and newborns under the larger umbrella of universal health coverage.

Learn more about the midwifery competency assessment undertaken in India and what are the potential opportunities policy makers must look out for to strengthen midwifery education and services. Learn how WHO/ICM defined competencies for midwifery were used to undertake the assessment of midwifery educators and service providers in the country and the key takeaways from the study.

Find out how partners are working with the national and state governments in creating the new cadres of service providers and strengthening the training infrastructure for developing high-quality midwives in the country. The interactive session will also discuss perspectives from the partners about the challenges and opportunities in establishing midwifery led care services in the country.

Room 2

SATELLITE SYMPOSIUM: SAVE THE CHILDREN AND JOHNSON & JOHNSON: IMPROVING RECRUITMENT, RETENTION AND SUPPORT FOR MIDWIVES WORKING IN RURAL REMOTE AREAS

Save the Children and Johnson & Johnson: Improving recruitment, retention and support for midwives working in rural remote areas

Chunmei Li (USA)
Winifride Mwebesa (USA)
James Campbell (Switzerland)
Rachel Deussom (USA)
Neha Mankani (Pakistan)

PURPOSE

To share experiences and lessons learned related to the recruitment, deployment, motivation and retention of midwives who provide high quality midwifery care whilst working in remote and rural communities in Lower and Middle Income Countries (LMIC).

DESCRIPTION

This interactive session will serve as a platform to discuss challenges and solutions in the recruitment, deployment and maintenance of quality Midwives working in remote, and hard to reach areas of LMIC. The session will begin with a global overview presentation, followed by a moderated panel discussion. The diverse panel includes representatives from; WHO, USAID HRH2030, and a practicing Midwife from a LMIC. The moderator will use a list of predetermined questions to solicit response from the panelists with regards to Midwives' recruitment, deployment, retention and motivation to work in remote, and hard to reach areas. The discussion will also include the impact of COVID-19.

OBJECTIVES

Participants will

a. Learn about challenges associated with recruitment, retention and motivation of midwives working in remote areas of LMIC.
b. Learn about and share different strategies and approaches to improve recruitment, retention and support to midwives who work in remote, rural and hard to reach settings.
c. Identify areas for further research.

MSD for Mothers: Advocating for access to quality uterotonics for the prevention of post-partum hemorrhage – Quality of Care will not be achieved without quality medicines

Angela Nguku (Kenya)
Chioma S. Ejekam (Nigeria)
Sachiko Ozawa (USA)
Daisy Ruto (Kenya)

This session explores the midwife's critical role in achieving equity for birthing women by advocating for consistent access to quality uterotonic to manage postpartum hemorrhage (PPH).

The panel/plenary will present current clinical practice realities at country level[1] and an approach to improve access to quality uterotonics.

OVERVIEW

Drugs used to prevent and manage potentially life-threatening maternal complications, such as uterotonics for prevention and management and tranexamic acid for management of post-partum hemorrhage, antibiotics for maternal sepsis and magnesium sulphate for pre-eclampsia/eclampsia are affordable and effective, provided they are of good quality and available at the bedside.

However, consistent evidence exists that in many low-and-middle income countries (LMIC) drugs used to prevent or treat maternal complications are often substandard or falsified. Most recently, a WHO systematic review showed that nearly half (48.9 %) of all uterotonic drugs sampled failed quality assessments. 1 in 7 injectable antibiotic samples (13 %) and 1 in 29 magnesium sulphate samples (3.4 %) were of low quality1.

Substandard and falsified products not only lead to increasing morbidity and mortality but have been demonstrated to impact a countries ability to reach Universal Health Coverage (UHC).[1] Poor quality medicines drain already limited financial resources within the health system and as women and their families encounter growing out-of-pocket treatment costs, they threaten to push more people into financial hardship.

As many countries plan to provide universal health coverage for their populations, reliable quality medicines are fundamental – without quality, we, as midwives, cannot trust in their efficacy or safety. Perception of poor quality uterotonics lead to changes in provider behavior at the bedside3.

This session aims to highlight the need for equitable access to quality assured uterotonics in LMICs. This session is a call-to-action for midwives to demand quality medicines. Quality medicines support midwives in your work to provide quality, equitable care for birthing mothers.

OBJECTIVES

- Discuss a women's ask for quality medicines at the clinic level
- Review research conducted in Nigeria on provider behavior when unsure of the quality of uterotonics
- Review the influence of poor-quality medicines on cost effectiveness and ability to achieve UHC
- Review an approach to improving the quality of uterotonics in Kenya
- Discuss the role of midwives in advocating for quality medicines in their clinical setting

The symposium addresses challenges in accessing quality maternal health medicines and impact on clinical practice. The symposium discusses new research on the effects of poor-quality medicines on clinical practice, and the role of the midwife in advocating with decision makers around the procurement of the quality uterotonics for prevention and treatment of PPH and other maternal commodities.

SPEAKERS

Angela Nguku, White Ribbon Alliance Kenya: Women's ask for access to quality uterotonics.
Women's perceptive on the need for quality medicines and their knowledge of PPH prevention, with stories about women's experience of PPH in Kenya & What Women Want Campaign, highlighting the top request of quality medicines and commodities.

Dr. Chioma S. Ejekam, Principal Investigator and Consultant Public Health Physician, Nigeria: Clinical experiences of over 6,000 health care personnel in using oxytocin of PPH prevention.
Clinical practice in Nigeria – what did we learn?

Dr Sachiko Ozawa, Senior Lecturer, UNC: economic costs of poor quality medicines.
Discuss the impact of poor-quality medicines on cost to the system and achieving UHC.

Mrs Daisy Ruto, Project Director, JHPIEGO Kenya: Project to improve access to quality uterotonics in 10 counties in Kenya.
Introduction to the Smiles for Mothers Project, Kenya.

MESSAGES

Quality of Care includes quality medicines.

Women crave more knowledge around PPH and want to partner with midwives on how best to prevent and manage PPH.

Midwives recognize PPH rates are not reducing fast enough, they need to be able to advocate effectively to ensure women have access to quality cost-effective uterotonics.

Active steps are needed to address poor quality uterotonics and introduce more tools for midwives, such as novel quality uterotonics.

REFERENCES

1. Tolani, M.R et al. https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0236060#pone.0236060.ref010
2 Ozawa, S. et al. https://journals.plos.org/plosone/article/file?id=10.1371/journal.pone.0232966&type=printable
3. Ejekam, C.S et al. https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0208367

Room 4

SATELLITE SYMPOSIUM: POST-PREGNANCY FAMILY PLANNING: EVIDENCE AND INSIGHTS FROM THE PPFP CHOICES STUDY IN INDONESIA AND KENYA

Post-Pregnancy Family Planning: Evidence and Insights from the PPFP Choices Study in Indonesia and Kenya

James Kiarie (Kenya)
Nomi Fuchs Montgomery
Emi Nurjasmi Indomo (Indonesia)
Siti Qomariyah (Indonesia)
Michael Muthamia (Kenya)
Nurun Nahar Begum (Bangladesh)
Pompy Sridhar (India)

BACKGROUND

As the largest gathering of midwives in the world, the 32nd International Confederation of Midwives Virtual Triennial Congress offers a pivotal opportunity for a global conversation on the value of post pregnancy family planning, drawing on the experiences and lessons from PPFP Choices.

Every woman and adolescent girl, at any stage of life, should have access to information and a range of contraceptive methods so she can determine freely whether to use family planning following a pregnancy. Yet the data reveal a startling contradiction: While most women wish to space or avoid pregnancy in the months following birth or the loss of a pregnancy, this is also the period of highest unmet need for contraception in a woman's lifetime. In light of this, increased uptake of post pregnancy family planning (PPFP) has been identified as a critical need, a high-impact practice, and a potentially transformative opportunity for individuals and health systems alike. To underscore this, the World Health Organization in 2015 significantly revised its widely used medical eligibility criteria to expand the range of contraceptive methods approved for use by postpartum women.

With funding from the Bill & Melinda Gates Foundation and Merck for Mothers/ MSD for Mothers, Jhpiego has built on that momentum over the past five years through PPFP Choices, an implementation research study in Kenya and Indonesia that aims to improve access to facility-based PPFP and generate evidence and recommendations for the public and private sectors. The study is now drawing to a close, leaving a legacy of evidence, learnings, and materials to inform future efforts. PPFP Choices recognizes that increased training and capacity-building for midwives, in addition to a strengthened policy environment, will be essential to ensuring PPFP is available and accessible to any woman or adolescent who may want it. By drawing on rich insights from implementers, donors, and key stakeholders at the policy and facility levels, and learnings from PPFP Choices, this session will help accelerate progress through this vital intervention and set the stage for improved women's and adolescents' health and wellbeing.

EVENT OBJECTIVES

- Raise awareness of the importance and effectiveness of PPFP at global level as a critical driver of women's health and wellbeing, family planning goals, and the Sustainable Development Goals.
- Share high-level actionable findings from PPFP Choices in Kenya and Indonesia that can be used to improve PPFP programming in both public and private sectors.
- Discuss potential applications in countries with similar settings and opportunities to further accelerate uptake of PPFP.

TARGET AUDIENCES

Midwives and midwifery associations (globally) / Other health care providers / Policymakers (nationally) / Donors (globally) / Implementing partners (globally) / Researchers (globally).

Room 5

SATELLITE SYMPOSIUM: CONCEPT FOUNDATION: IMPROVING ACCESS TO ESSENTIAL MEDICINES TO PREVENT AND MANAGE POSTPARTUM HAEMORRHAGE IN AFRICA

Concept Foundation: Improving Access to Essential Medicines to Prevent and Manage Postpartum Haemorrhage in Africa

Metin Gülmezoglu (Switzerland)
Raheli Mukhwana (Kenya)
Metin Gülmezoglu (Switzerland)
Michael Katende (United Republic of Tanzania)
Joyce Ng'Ang'A (Kenya)
Sara Rushwan (Switzerland)
Rosemary Mburu (Kenya)

The purpose of the symposium session is to share lessons learned from our ongoing project aimed at improving access and increasing availability of quality-assured and evidence-based effective interventions in countries with a high burden of Post-Partum Hemorrhage (PPH). There will be five presentations with a common focus on barriers and facilitators to advocating for policy change in relation to updating normative standards in the prevention and treatment of PPH based on recent WHO recommendations and the transition from policy to implementation efforts.

The common focus of these presentations is relaying the challenges and opportunities in reducing the PPH morbidity and mortality burden in low- and middle-income countries based on our ongoing project on improving access to essential PPH medicines.

The key message is emphasising the importance of connecting policy adoption into practice to allow extension into implementation efforts at different levels of health care that can have a major impact on reducing PPH related maternal death and severe morbidity. Midwives are among the most likely health provider to routinely administer uterotonics so improving access, quality and availability of essential PPH medicines is essential to midwifery practice, especially in LMICs.

Wednesday, 16 June, 16:00 PDT

Room 1 (INTERPRETATION)

PLENARY SESSION: DISMANTLING SOCIETAL INEQUITIES IN MIDWIFERY: THE IMPORTANCE OF MIDWIVES PROVIDING CULTURALLY APPROPRIATE CARE

Dismantling societal inequities in Midwifery: The Importance of Midwives providing culturally appropriate care

Pandora Hardtman (USA)
Claire Dion Fletcher (Canada)
Angela Nguku (Kenya)
Ofelia Pérez Ruiz (Mexico)
Cherisse Buzzacott (Australia)

PANEL DISCUSSION WITH Q&A

Through our Stronger Together Webinar Series and other media opportunities, ICM has engaged with thought-leaders from racialised communities to explore how Black, Indigenous, People of Colour (BIPOC) women navigate birth. Around the world, systems, policies, and funding often mirror society's inequities. – The same is true for global healthcare systems and midwifery, and communities most affected by barriers to equitable, respectful, and culturally appropriate midwifery care are the ones most frequently left out of the conversation.

This session will provide an opportunity to engage new and existing partners and midwife leaders in an honest discussion on the distressing and far too often fatal maternal health outcomes experienced by BIPOC women. These passionate advocates for culturally appropriate midwifery care will share their evaluations of what is needed to dismantle the structures, policies and powers that continue to produce poor health outcomes in pregnancy for BIPOC women. This discussion will also explore what midwives can do in their daily work to promote anti-racism and dismantle colonialism, sexism, and problematic power dynamics inherent in healthcare systems around the world.

Wednesday, 16 June, 17:30 PDT
Parallel sessions 8

Room 1 (INTERPRETATION)

PARTNER FUNDED SESSION: JOHNSON'S® FIRST TOUCH INFANT MASSAGE WORKSHOP

JOHNSON'S® FIRST TOUCH Infant Massage Workshop

Maria Hernandez-Reif (USA)
Holly Horan (USA)

This program is part of the Midwife Learning Series brought to you by JOHNSON'S®.

Across the animal kingdom, organisms require sensory stimulation for healthy development. This fundamental requirement extends to humans: touch deprivation has been shown to be particularly damaging, with infants and children in institutional care suffering from cognitive and neurodevelopmental delays. Conversely, touching has been shown to exert a positive effect, as exemplified by the positive impact of kangaroo care among preterm infants.

Massage is one of the most effective forms of touch, with the positive impact of therapy clinically demonstrated in diverse patient populations. In widely divergent cultural settings, different forms of massage therapy have been an integral part of life for millennia. Although the benefits of massage have long been recognized outside of Western medical literature, in many parts of the world, the art of massage has never been lost. Thus, the reawakening of interest in this area in the West represents a welcome change of flow of knowledge.

This workshop will explore the benefits of infant massage relative to both those who receive the massage (infants) and those who perform the massage (mothers, fathers, and other caregivers). The practical aspects of infant massage will be emphasized by the hands-on nature of the workshop. You can expect to leave the session with the confidence to practice and perform basic techniques and to share what you have learned with others. At the end of this course, you will receive a massage instructional video and educational materials you can use with other midwives and in your practice.

LEARNING OBJECTIVES

1. Review scientific research on the importance of infant massage to the healthy development of infants and to the baby-parent bond.
2. Familiarize midwives with key techniques and best practices for infant massage.
3. Establish a deep understanding of the scientific benefits of infant massage, which can in turn be shared with your colleagues and parents.

PLEASE BRING TO THE WORKSHOP:

- A baby-sized doll OR infant simulator OR rolled soft towels OR a friend / colleague / family member whose arm you can practice techniques*.

*Please do not use an infant or child during this workshop. It's important to learn proper techniques first.

- Hand wipes or antibacterial product to clean hands.
- An emollient (oil or moisturizer formulated for infant skin such as a baby oil or baby lotion).

ICMBALI-1303 - Midwives sharing knowledge and crossing cultures to prevent newborn deaths in a remote rural area of Papua New Guinea

C. Allan[1], *S. David*[1]

1 *Living Child Inc, Midwifery, Bull Creek, Australia*

PURPOSE

To describe the experiences of Australian midwives cross-culturally sharing midwifery knowledge about the prevention of newborn deaths with PNG midwives and Traditional Birth Attendants (TBA's) in vulnerable rural communities accessible only by river.

DISCUSSION

The Neonatal Mortality Rate in PNG is second highest in the Western Pacific region. 80 % of the population live in remote rural villages where access to quality health services is difficult and costly and there are few trained health professionals. Australian volunteer midwives have been sharing knowledge and empowering local midwives and TBA's in the Keram area of East Sepik Province at the invitation of the Community Leaders.

Infection is a common cause of newborn death in less developed areas and the WHO recommends daily chlorhexidine (4 %) application to the umbilical cord stump during the first week of life to reduce the risk of umbilical infection in the babies born at home in settings with high neonatal mortality.

On this 2019 visit midwives shared information about infections in the newborn, safe use of chlorhexidine gel, how to teach mothers to care for the cord at home, and which danger signs indicate the need to travel for further medical care. The midwives used demonstration, role-play and pictures as methods of knowledge sharing and teaching in an area with low literacy. They creatively designed evaluation tools for the midwives, TBA's and mothers to communicate their feed-back from their remote communities to the Australian volunteers in order to share their experiences in addressing infant mortality.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Newborn deaths in remote rural areas can be prevented by the sharing of midwifery knowledge in the community.

EVIDENCE IF RELEVANT

WHO Recommendations on Postnatal Care of the Mother and Newborn 2013.

KEY MESSAGE

Through midwifery knowledge and practical skills, health-workers and families in remote rural communities are empowered to save the lives of their vulnerable newborn babies.

ICMBALI-1744 - Experiences of racism among Ontario BIPOC midwives and students in midwifery education and profession

F. Aseffa[1], *L. Mehari*[2]

1 *Association of Ontario Midwives, Quality and Risk Management, Toronto, Canada*
2 *University of Windsor Ontario, Master of Public Health, London, Canada*

PURPOSE

This study is conducted by the Association of Ontario Midwives (AOM) in partnership with Western University. Using a mixed methods approach involving an online survey of BIPOC midwives and midwifery students and interviews with BIPOC midwives, we explore the experiences of racism among midwives who identify as black, Indigenous and people of colour (BIPOC), with regards to racism in the midwifery profession, education, and the broader healthcare system. Findings will be used to develop tools, resources, curriculum, and policy to advance racial equity in midwifery. Our goal is to empower midwives to build a profession that is inclusive, equitable and culturally safe.

DISCUSSION

Racism not only affects clients and families but also midwives and the profession as a whole. Racism can be intentional or sub-conscious; it can manifest as subtle microaggressions/bias or systemic/institutional manifestations. Providing BIPOC midwives a voice to share their experiences and empowering them through the development of equity-focused resources, can provide them the opportunity to champion the change they would like to see within their work environment.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Midwives can be leaders in advocating for a future where healthcare providers can practice in a dignified, culturally safe, anti-racist work environment. Midwives are encouraged to reflect on their local practices/policies to consider how they can empower and give voice to marginalized midwives, enabling them to share their experiences and identify the barriers and opportunities to advancing racial equity in midwifery education, practice and policies.

EVIDENCE IF RELEVANT

When exploring the experiences of racism among Ontario BIPOC midwives and midwifery students, we found that 86 % of participants experienced racism in their work as a midwife and 87 % witnessed another midwife or midwifery student being a target of racism. 61 % of midwives and midwifery students did not feel supported by their practice groups when situations related to racism arise. In the key informant interviews, BIPOC midwives and midwifery students expressed racism leading to hindered success and career growth, being silenced or undermined in their work or study environments, and feeling vulnerable and unsafe, particularly in environments where they were underrepresented. Participants also reported positive experiences with identifying as BIPOC including feeling better equipped to care for BIPOC clients and being able to connect and confide in other BIPOC colleagues or students more easily. Participant recommendations for achieving racial equity in midwifery included a need for systems that enforce accountability, mandatory anti-racism training, mentorship and leadership opportunities for BIPOC midwives and midwifery students, and increased BIPOC representation in the profession.

KEY MESSAGE

Manifestations of systemic and interpersonal racism in midwifery oppress BIPOC midwives and midwifery students through exclusionary or inequitable workplace policies and practices leading to increased mental and physical stress, hindered success and career growth and a lack of diversity in the workforce. Understanding these experiences is key to dismantling racism in midwifery and improving recruitment and retention efforts to promote a diverse, equitable and inclusive profession that allows BIPOC midwives and midwifery students to thrive and is representative of the client population it serves.

ICMBALI-1111 - Birth in eight cultures

R. Davis-Floyd[1], *M. Cheyney*[2]

1 *University of Texas Austin, Anthropology, Austin, USA*
2 *Oregon State University, Anthropology, Corvallis, USA*

PURPOSE

This presentation launches the successor, *Birth in Eight Cultures* (Davis-Floyd and Cheyney 2019), to *Birth in Four Cultures* (Jordan 1978, 1993) – the book that founded the anthropologies of midwifery and birth, and asks, "What can anthropologists offer midwives?"

DISCUSSION

Our chapters demonstrate that facility births in Greece, Brazil, Mexico, Tanzania, and the US are highly industrialized and technocratic, with cesarean rates ranging from 70 % to 31 %. In Greece and Brazil, women increasingly tend to believe that cesareans are better for their babies and their own bodies. Over 60 % of US women insist on epidurals, fearing and seeing no value in suffering. On the more humanistic side of the global spectrum, we find New Zealand (CS 25 %), Japan (19 %), and the Netherlands (16 %), where conceptions of the body, the meanings attributed to labor and birth, and the predominant care of skilled midwives work to keep women at the center. Only around 6 % of Japanese women choose epidurals, because their midwives help them see labor pain as an essential formative part of the process of matrescence.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

As *Birth in Eight Cultures* shows, we can deepen midwives' perspectives by revealing the socio-structural systems midwives are embedded in and the cultural and sub-cultural core value and belief systems they must contend with. We can make the invisible visible by comparing maternity care systems across cultures, showing how and why supposedly science-based systems radically differ.

EVIDENCE IF RELEVANT

All chapters show the great variation even in the globally dominant technocratic model of care, and that *midwifery autonomy coupled with egalitarian physician collaboration is the key to midwives' ability to truly practice the midwifery model of care* and give that model a viable future.

KEY MESSAGE

The presentation concludes by showing how midwives and science together can and have helped to create the kinds of culture change needed to achieve this ideal.

ICMBALI-0812 - A social movement contribution to the promotion of the midwifery model of care in Brazil

P. Terra[1]

1 *ReHuNa, Board of Directors, London, Canada*

PURPOSE

ReHuNa (Rede pela Humanização do Parto e Nascimento; Network for the Humanization of Childbirth) is a National Network of individuals of various backgrounds who unite in a vision of helping to promote and protect a paradigm shift in Maternal and Infant Healthcare in Brazil. It was created in 1993 by a group of childbirth professionals worried about the situation of the Maternal and Infant Care in Brazil that included among other things institutional violence, care that was not based on evidence and sky high cesarean section rates that showed no signs of dropping. Part of the necessary paradigm shift is seen in a greater presence of Midwifery in the Primary Care for pregnancy, birth, post partum and newborns.

DISCUSSION

At present there are two Direct Entry Midwives and two Nurse Midwives on the Board of Directors along with Doctors, Doulas, Psychologists, Lawyers, Consumers and an Epidemiologist. ReHuNa, its Members and Board of Directors approve and promote Direct Entry Midwifery along side Nurse Midwifery as a means to effectively change the Paradigm of Care in Pregnancy and Childbirth in Brazil. This presentation aims to present the actions undertaken, including education and regulation, to help strengthen and promote the Midwifery Model of Care in Brazil through a Social Movement (NGO).

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

In the past decade the Brazilian Childbirth and Midwifery Movements have gained momentum. My aim is to show how ReHuNa has being contributing to this momentum. Also what are, in our perspective, the challenges we still face and the actions that need to be undertaken so that this momentum grows further and fruity in the changes we wish to see happen specially in practice, education and regulation.

EVIDENCE IF RELEVANT

Stagnation of cesearean rates, growing number of births attended by Midwives.

KEY MESSAGE

Contribution of a Social Movement in the practice, education and regulation of Midwifery in Brazil.

ICMBALI-2198 - Practicing the art and science of respectful maternity care

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THE LEARNING OUTCOMES

This experiential session will build on lessons learned in conducting Respectful Maternity Care (RMC) interventions in Tanzania, Canada, and South Sudan. The session will impart core content on RMC. The facilitators will lead participants through a process they can implement in their workplace of sharing on RMC, identifying root causes; creating and committing to SMART goals for improving RMC. Relationships are essential in building the RMC movement, as such, participants will be invited to share their email for motivational follow-up on the commitments and/or a Whatsapp group will be initiated.

Participants will:

- Be familiar with the seven pillars of RMC and the rights of child-bearing women.
- Be able to identify and analyse root causes of disrespectful care.
- Be familiar with principles of trauma informed conduct for workshops and interventions on sensitive topics.
- Gain practical tools to enable them to conduct RMC interventions in their place of work and/or health system.
- Identify and commit to goals for implementing RMC in their workplace.

THE PROCESS/ACTIVITIES

The facilitators will lead the group through a practical intervention on RMC; a focused discussion group.

Opening: Overview of RMC (7 pillars poster) and 'Labour Pains' comic.

Introduction to the focus group/workshop format with handout overviewing key facilitation tips and RMC indicators.

Breakout discussion groups; facilitator supports abbreviated focus/discussion group on root cause analysis, SMART goals, and goal setting for RMC implementation. The group will generate commitments (SMART goals) that could be attained in improving RMC in their workplace.

AUDIENCE PARTICIPATION

15 minutes:

Overview of RMC Core Content and relevance : Called on to give examples, share what brought them to the workshop and to share innovations in RMC.

Introduce the RMC workshop process and overview: Participants can note interventions and challenges in writing on post-it notes posted below each of the seven pillars.

40 minutes:

Facilitated focus groups: Participants are in three facilitated focus groups where they share there own RMC related content and work together to conduct a root cause analysis.

15 minutes: Group sharing: Each of the three groups present their commitment(s) for improving RMC.

20 minutes: Close the workshop, revisit core material and concepts, review commitments made by each group, overview RMC workshop process handout.

REFERENCES

Witson-Mitchell K. et al. "Overview of literature on RMC and applications to Tanzania".

Witson-Mitchell K. et al. "Teaching respectful maternity care using an intellectual partnership model in Tanzania".

The White Ribbon Alliance for Safe Motherhood: "Respectful Maternity Care: The Universal Rights of Childbearing Women".

Room 4

SYMPOSIUM: PERSPECTIVES IN STILLBIRTH PREVENTION

ICMBALI-0927 - Perspectives in stillbirth prevention

T. Stacey[1,2], R. Cronin[3], B. Bradford[4]

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2 *Calderdale and Huddersfield Foundation Trust, Maternity Service, Halifax, United Kingdom*
3 *University of Auckland, Faculty of Medicine and Health Sciences, Auckland, New Zealand*
4 *Victoria University of Wellington, Graduate School of Nursing, Midwifery and Health', Wellington, New Zealand*

PURPOSE OF THE SYMPOSIUM

It is estimated that approximately 2.6 million babies die in the third trimester every year, the rate has not substantially fallen in recent decades and there is a global drive to reduce preventable stillbirths, with the Every Newborn Action Plan's target to have no more than 12 stillbirths per 1000 births by 2030. This symposium will bring together research from key international studies to provide new perspectives in stillbirth prevention.

1ST PRESENTATION

Stacey: The role of raised blood sugar and gestational diabetes

Based on findings from the Midlands and North of England case control study, this presentation will explore the separate effects of being at risk of gestational diabetes mellitus (GDM) and screening for GDM, and of raised fasting plasma glucose (FPG) and clinical diagnosis of GDM, on the risk of late stillbirth. We found that women 'at increased risk' of developing GDM, but who were not screened, experienced 44 % greater risk of late stillbirth than those not at risk, whereas those who were screened experienced no such increase. Similarly, women with raised FPG, but not diagnosed with GDM experienced four-fold greater risk of late stillbirth than women with normal FPG, whereas women who were diagnosed with GDM experienced no such increase. Optimal screening and diagnosis of GDM mitigates higher risks of late stillbirth in women with increased risk of GDM.

2ND PRESENTATION

Cronin: Maternal late pregnancy sleep position

This presentation will explore the association between maternal going-to-sleep position and late stillbirth (after 28 weeks' gestation) based on findings from an individual participant data meta-analysis using pooled data from five case-control studies (cases 851, controls 2257) from New Zealand, Australia, UK, and an international study. We found that after adjustment for major stillbirth risk factors, maternal back (supine) going-to-sleep position compared with left side going-to-sleep position, was associated with a 2.6-fold increase in risk of late stillbirth, with a population attributable risk of 5.8 %. These findings could potentially reduce late stillbirth by approximately 6 % if all women in the third trimester settled to sleep on their side and is easily applied to all resource settings.

3RD PRESENTATION

Bradford: Alterations in fetal movement patterns

This presentation will provide new understanding of the implications of maternal perception of fetal activity. Maternal perception of decreased fetal movements is associated with stillbirth. Many midwives encourage women to pay attention to their baby's movement pattern. But what is a normal fetal movement pattern? And how do fetal movement patterns change in the context of stillbirth? In our cross-sectional study of 274 women interviewed at more than 28 weeks' with a subsequent normal pregnancy outcome, 96 % reported perception of strong or moderate fetal movements in the evening. In a separate case-control study of women with late stillbirth (N = 345) we found perception of quiet fetal movements in the evening was associated with an almost four-fold increased odds of stillbirth (aOR 3.82, 95 % CI 1.57–9.31). These data suggest that a pattern of increased fetal movements in the evening is normal and reassuring but that reduced fetal movements in the evening warrant prompt assessment.

COMMON FOCUS

This symposium will provide a unique focus on new and emerging perspectives in stillbirth prevention.

COHESION BETWEEN SECTIONS

The three sections provide insights from complimentary studies into stillbirth prevention and maternity care.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

All elements apply to midwifery practice and education, and the communication of public health messages.

ICMBALI-0606 - Economic analyses comparing obstetrician-led and midwife-led care in the German health care system

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3 *University of Applied Sciences Osnabrueck, Faculty of Business Management and Social Sciences, Osnabrueck, Germany*

BACKGROUND

Economic analyses comparing obstetrician- led and midwife-led care are internationally rare and no results were available in the German healthcare context. Midwife-led care is in general regarded as efficient but international health economic analyses cannot be transferred automatically to other health care systems and their legal framework. Moreover, the German legal framework requires that innovative and complex interventions are proved regarding cost, effects and benefits. Therefore a nationwide study was needed to evaluate the first midwife-led care models in Germany.

OBJECTIVES

The aim of the study was to answer the questions whether costs, benefits and effects differ between these care options in the German health care system?

METHODS

A prospective controlled multicentre trial (n = 1.238) comparing these two models for low-risk women was conducted (2007–2011). Cost data were collected in the hospitals. Willingness-to pay questionnaire was applied for measuring the benefit, women valued for the care options. Effectiveness parameters were maternal wellbeing (mode of birth, perineal tear, blood loss, fecal incontinence, EPDS, EQ-5D, SF-36) and fetal wellbeing (Umbilical-pH). Intention-to-treat analyses and regression analyses were used as well as bootstrapping. Sensitivity analyses were conducted.

RESULTS

The net benefits are greater for midwife-led care. But, also for obstetrician-led care a positive net benefit was found. Midwife-led care seems to be superior to consultant-led care due to costs and some effects.

CONCLUSIONS

Midwife-led care is superior regarding cost-effectiveness and cost-benefits and no adverse health effects were associated. Nevertheless, choice seems to be important as women, who preferred to be attended by an obstetrician, were willing to pay theoretically more than women would spend for midwife-led care.

KEY MESSAGE

The results of this study point into the same direction as international research does with regard to maternal and child health wellbeing as well as the efficiency of midwife-led care. Consequently, midwife-led care should be implemented sustainably and additionally to obstetrician-led care.

ICMBALI-0895 - Resistance to change: the challenges of starting a midwifery group practice in a small town in outback Queensland

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2 *Griffith University, Primary Maternity Care, Brisbane, Australia*

PURPOSE

As care providers we are limited by our own knowledge and experiences. This can present as barriers when innovative practices are being introduced. In May 2019, a Midwifery group practice (MGP) was started in a remote mining town in outback Queensland, Australia. The hospital facilitates around 400 births per year, a large portion of these are for First Nations Australian woman. The long standing obstetric staff expressed strong resistance and a lack of support for midwife-led care. The purpose of this presentation is to share the groups experience and to discuss the challenges which can present when implementing a midwife-led model of care.

DISCUSSION

A group of 8 midwives with vastly different experiences collaborated to develop an MGP and provide women of the area with improved services and birthing options. Prior to implementation, inductions of labour rate were around high, birthing in water was not available and local women voiced having a lack of say in their births.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Barriers which presented while implementing the midwife-led service will be discussed.

EVIDENCE IF RELEVANT

Evidence supports that midwife-led, continuity of carer models improve outcomes, particularly for Indigenous women and babies. However, practitioner and unit resistance exist and poor management can present as barriers for the success of these models.

KEY MESSAGE

Investing in respectful collaboration with existing staff can support a successful integration of MGP into existing services. Positive working environments result in longevity of staff and a flow on effect of quality care for women. With these services, improvement of outcomes and health and well-being for women and babies, are of long-term benefit.

ICMBALI-1052 - The experiences of midwives and women during intrapartum transfer from one-to-one midwife-led care to hospital care

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2 *University of East Anglia, Norwich Medical School, Norwich, United Kingdom*

BACKGROUND

Transfer from a midwife-led birth environment to an obstetric-led unit (hospital labour ward) is a stressful situation for women and midwives. There is very little research about the process from the perspectives of midwives and women.

OBJECTIVES

The main study objective was to explore one-to-one care in labour in midwife led settings. The ethnographic study enabled data to be analysed around instances of transfer. This subset of observations on transfer provided rich data of significance to midwifery care.

METHODS

Data was collected from eleven transfers to the labour ward from midwife-led birth environment (an alongside midwife-led unit, freestanding midwife-led unit and women's homes) in England. The transfer process was observed for four women. Semi-structured interviews were completed following the births with eleven women and eleven midwives. Nine maternity records were also analysed.

RESULTS

Midwives felt confident about their care within midwife-led birth environments until transfer, as they feared their care would be scrutinised on labour ward. Territorial behaviours amongst midwives created these anxieties. For women, four attributes during transfer mitigated negative experiences: (1) their midwife continuing care on the labour ward, (2) having time to adjust to their new situation, (3) all staff introducing themselves and (4) women not being separated from their baby for long periods.

CONCLUSIONS

The experience of women during transfer does not need to be negative. This research makes four recommendations for practice to improve women's experiences of transfer to labour ward. For midwives, more research is required to examine territorial behaviours within maternity services and support mechanisms which can decrease midwives' stress levels when making the decision, communicating, organising and undertaking a transfer to labour ward.

KEY MESSAGE

Transfer needs to be recognised and respected as part of the spectrum of support provided when caring for women within midwife-led birth environments.

ICMBALI-1112 - Readiness of sub-district health facilities in Bangladesh to provide midwife-led quality maternal newborn care services

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2 *icddr,b, Maternal and Child Health Division, Dhaka, Bangladesh*
3 *Save the Chidren USA, Maternal and Newborn Health, Washington DC, USA*
4 *USAID, Office of Population- Health- Nutrition and Education, Dhaka, Bangladesh*

BACKGROUND

Bangladesh is committed to reach the Sustainable Development Goals. Health Nutrition and Population Sector Program sector plan urges for equity, quality and efficiency for improving the healthcare facilities and services. Government deployed >1,000 professional midwives in nearly 350 sub-district health facilities (upazilla health complex-UHC). USAID's MaMoni Maternal and Newborn Care Strengthening Project looked in to the UHC situation to determine optimal utilization of these midwives.

OBJECTIVES

The assessment was done to see the readiness of UHCs to provide midwife-led quality maternal and newborn care (MNC).

METHODS

The project's partner, icddr,b, conducted the facility readiness assessment in 40 purposively selected UHCs in 2018–19. An inventory tool comprising of service availability, medicine /logistic preparedness of antenatal care (ANC), labor room, immediate new born care & postnatal care and health care provider interview were included. Ethical approval was obtained from Review Committees of icddr,b and Save the Children.

RESULTS

Preliminary results showed that none of the UHCs had all 13 items essential for normal vaginal delivery (NVD). Only 18 % of UHCs had basic emergency delivery obstetric care guideline, 25 % had at least one staff trained on integrated pregnancy and child health care, 5 % were ready on quality ANC, 8 % had all six essential medicines for NVD, 68 % used partograph and 38 % had a delivery pack available at the time of the assessment. Only 25 % of UHCs has all 7 items required for newborn care. Yet, 100 % UHCs were providing 24/7 normal delivery care.

CONCLUSIONS

Majority of the UHCs were not fully prepared for midwifery led MNC services but providing these services. The deployment of the new cadre of midwives presents an opportunity to address gaps and improve the quality of MNC on a round-the-clock basis at the sub-district level.

KEY MESSAGE

An enabling environment for the midwives can be ensured when facilities sufficiently ready to ensure quality MNC services.

ICMBALI-0831 - Public awareness and attitudes about prematurity and premature infants' health and development: a national cross-sectional survey in Jordan

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BACKGROUND

The incidence of premature infant birth is still high in Jordan with no significant improvement during the past decade. The knowledge of the associated high morbidity and mortality rates among preterm infants places prematurity among the top health priorities in Jordan.

OBJECTIVES

To assess public awareness and attitudes toward premature infant in Jordan and to assess the inter-relationships between people's awareness and attitudes, and sociodemographic factors.

METHODS

A national survey using online questionnaire was used for a convenience sample.

RESULTS

3,048 Jordanians completed the questionnaires their age was from 18 to 77 years (mean = 31.39, SD = 8.05); the majority of them were married and females. 33.6 % of respondents defined prematurity as having small babies and failed to define prematurity in term of gestational age. The percentage of correct answers regarding the seriousness, causes, and complication of prematurity were 71 %, 74 %, and 60 % respectively. The awareness level is significantly higher among people who have high family income, well-educated and employment at medical fields. The majority of surveyed people agreed that lack of good prenatal care may lead to premature birth while more than half (54.1 %) did not know that having more than five children without spacing is a risk for prematurity. Around half of respondents did not know those premature infants may develop long-term health and developmental problems. 45 % of respondents learned about prematurity from internet and social media while only 15 % had information from nurses or midwives

CONCLUSIONS

Poverty and poor education were found to be associated with low level of awareness about premature birth and premature infants' health problems among Jordanian.

KEY MESSAGE

Midwives need to develop health promotion programs to enhance public awareness and attitudes about this serious health problem which can be done through maternal and child health centers and using the internet and social media.

ICMBALI-0323 - Obstetric perineal ruptures – risk of anal incontinence among primiparous women 12 months postpartum: a prospective cohort study

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BACKGROUND

Anal incontinence leads to impairment of the quality of life and lower self-esteem and anal incontinence after vaginal delivery is a major concern for many women.

OBJECTIVES

To examine the association between the degree of perineal rupture and the occurrence of anal incontinence 12 months postpartum.

METHODS

A prospective cohort study was conducted at two university and two tertiary hospitals in Denmark. A total of 575 primiparous women (193 with none/labia/first-degree, 192 with second-degree and 189 with third-/fourth-degree ruptures) were included between July 2015 and January 2019. Baseline data were obtained two weeks postpartum. Symptoms of anal incontinence were evaluated 12 months postpartum by a web-based questionnaire (St. Mark's Incontinence Score) (n = 575) and a clinical examination of anal function using endoanal ultrasound scanning (n = 499) and High-Resolution anal manometry (n = 482).

Main outcome measurements were: Anal incontinence (St. Mark's score > 4), endoanal ultrasound findings (defect in internal and/or external anal sphincter muscles), anal manometry findings (rest pressure, squeeze pressure, duration of squeeze). We performed uni- and multivariate relative risk regressions.

RESULTS

Women sustaining ruptures of degree 3c and 4 were in higher risk of anal incontinence compared to women sustaining no/labia/first-degree ruptures (aRR 4.74; 95 % CI 1.98–11.3 and aRR 2.23; 95 % CI 1.59–11.3, respectively). The risk of anal incontinence increased by 8 % per unit increase in body mass index, while women with anal incontinence had a lower anal resting and squeeze pressure compared to women with no incontinence ($P < 0.001$).

CONCLUSIONS

A high degree rupture (3c or 4) and severe obesity increased the risk of anal incontinence, while high anal resting pressure and high squeeze pressure was associated with a lower risk.

KEY MESSAGE

Focused training in preventing, identifying and repairing anal sphincter ruptures is warranted and may be beneficial in reducing anal incontinence among women.

ICMBALI-1359 - Introducing Kangaroo mother care for stable preterm infants on the postnatal wards of four Chinese hospitals

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3 *Save the Children China, Health Team, Sichuan, China*
4 *Peking University First Hospital, Women and Children's Center, Beijing, China*

BACKGROUND

KMC is new to China where preterm newborns are usually cared for on neonatal units (NNU), where parents have limited access. KMC is an evidence-based approach, endorsed by WHO, entailing early, prolonged skin to skin contact between mother and baby and exclusive breastmilk feeding.

OBJECTIVES

To determine the feasibility, barriers and facilitators of providing intermittent KMC to preterm stable newborns, born between 34 and 37-weeks' gestation on the postnatal wards of four Chinese hospitals.

METHODS

Ethical approval was obtained from Peking University 1st Hospital ethical review board. Parents of preterm newborns admitted to participating wards between March 2018 and March 2019 were introduced to KMC and consented to take part in the study. Data from 752 newborns whose parents chose to provide KMC and 255 whose parents did not were compared. Characteristics of newborns and their parents, daily weight and feeding method were recorded, a pre-discharge survey of parent's experience conducted and in depth qualitative interviews took place with parents and staff.

RESULTS

Higher maternal educational attainment, family support and lack of additional maternal complications appeared to increase the likelihood of KMC provision. Newborns receiving KMC were significantly more likely to be exclusively breastfed than those who were not.

CONCLUSIONS

Findings indicate the majority of parents are amenable to KMC and it is possible for nurses and midwives to support the provision of KMC on postnatal wards.

KEY MESSAGE

This study indicates that in China it is feasible for midwives and nurses to provide support for KMC to stable preterm newborns over 34 weeks of gestation onwards, reducing separation of mother and baby, for this to happen midwives and nurses must receive education on care of small and preterm newborns and KMC during initial training or as part of CPD.

ICMBALI-1326 - Missed opportunities for emergency obstetric care and outcomes among women with birth complications in Migori County Kenya; role of the midwives

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BACKGROUND

Existing evidence indicates that 15 % of pregnant women develop some form of obstetric complication during pregnancy and childbirth that is likely to result in maternal death if they fail to receive prompt obstetric interventions. Globally, an estimated 303,000 women died due to obstetric complications and in Kenya, the MMR is estimated at 362/100,000, 93 % of which occurs at health facility level due to sub-standard care.

OBJECTIVES

To review cases of maternal death and evaluate whether alternative management and decision-making around emergency obstetric care would have resulted in a different outcome.

METHODS

Secondary analysis of routine health service data and maternity record review by the MPDSR team for 5 high volume sites was done for 2017 to 2019, using a nested case control study design. Maternal deaths (cases) were reviewed against complications that did not result in death (controls) and missed opportunities as the exposure of interest. Each case was matched with three controls. A missed opportunity was defined as an obstetric emergency requiring an intervention but care was not provided Statistical tests conducted included odds ratios and Chi-squared test of significance.

RESULTS

During the study period, of 69,579 deliveries 2,730(3.9 %) developed documented obstetric complications and 69 maternal deaths occured. Maternal death associated with missed opportunities included postpartum hemorrhage (PPH) 14 (48 %) (OR 9.84, $p < 0.005$), eclampsia 7(29 %) (OR 12.25, $p < 0.05$), ruptured uterus 3(10 %), (OR 16.0, $p>0.05$) while obstructed labour at 4 (13 %) (OR 0.6, $p>0.05$) did not have significant association between maternal deaths and missed opportunities.

CONCLUSIONS

Skilled midwives can significantly improve birth outcomes through proper management of women in labour.

KEY MESSAGE

Delays in diagnosis and intervention, in the context of lack of drugs, supplies and provider skills, are associated with maternal death.

ICMBALI-0583 - Providing effective local anaesthesia during perineal suturing

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DESCRIPTION OF RESEARCH OR INNOVATION

Midwives undertaking perineal or labial suturing following childbirth are usually taught to infiltrate the area with local anaesthetic. Local infiltration in itself can be painful for women, particularly when repairing labial trauma. On occasions pain of infiltration may be viewed as a justification to leave trauma unsutured. Using local anaesthetic to spray or drizzle over the trauma prior to infiltration of local anaesthetic into the traumatised skin edges will result in the pain free administration of local anaesthesia and pain free suturing.

SIGNIFICANCE TO MIDWIFERY

Women deserve to be provided with effective pain relief during perineal repair or repair of other childbirth related genital trauma. The technique of providing effective local anaesthesia for perineal repair to be demonstrated is simple, highly effective and enhances midwifery care provided to women.

ICMBALI-1676 - Bridging the gap between evidence and practice: the role of the clinical academic midwife

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2 *Coventry University, Health and Life Sciences, Coventry, United Kingdom*
3 *Univeristy of Nottingham, School of Health and Life Sciences, Nottingham, United Kingdom*

PURPOSE

National and international policy is supportive of shared clinical academic roles in midwifery. The presented role was born from a strong partnership between a Higher Education Institution and an NHS trust which delivers both obstetric and midwifery-led care. Jointly, and through strong leadership, these two organisations are driving a partnership approach to increasing Nursing Midwifery and Allied Health professional research.

DISCUSSION

The often highlighted 'Gap' between research and clinical practice is usually described in one direction with academic research seeks to drive its findings into practice and clinicians look to academics to provide evidence on which to base their clinical decision making. The aim of the presentation is to highlight the real-world benefits to both organisations of a clinical academic midwifery role in initiating midwifery research and impacting care for women and babies. Clinical midwives are ideally placed to relay the immediate research priorities to academics and by taking a midwife-led and indeed, woman-led approach to research clinically relevant studies can be undertaken and findings embedded into practice more readily.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

A linked academic support network, through mentorship and team-working supports research skills and methods. In turn, sharing of clinical experience with non-clinical researchers can occur. Thus, the clinical academic role is ideally placed to draw these two domains together.

EVIDENCE IF RELEVANT

This presentation will share examples of projects that have developed as a result of the role and illustrate how this has led to the emergence of a research culture in clinical colleagues and supported academic activity with access to maternity services and service users for a family-led perspective. The impact to the role in becoming a selected NIHR 70@70 Midwifery Research Leader will be described.

KEY MESSAGE

The role of the clinical academic midwife has allowed for dual directional flow of skills, knowledge and methods which are working to close the clinical-academic 'Gap'.

ICMBALI-1324 - Introducing midwifery: the importance of quality education using appropriate teaching methodologies, mentoring, enabling environment, and advance technology, to develop educator competence

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1 *BRAC James P Grant School of Public Health- BRAC University, Developing Midwives Project, Dhaka, Bangladesh*

PURPOSE

Bangladesh introduced professional midwifery in 2013 with an ICM based, nationally approved curriculum. BRAC University has been a key player in providing quality midwifery education from the start, in 2012 by focusing on faculty development to graduate high quality midwives serving the mothers and newborn in Bangladesh. The current educational system in Bangladesh included using the rote memory model of education and students with limited life experiences.

The challenge was to transform nursing instructors using the old model of education, to midwifery instructors, teaching critical thinking and lifesaving skills.

DISCUSSION

Approaches used included, challenging educators to use interactive teaching methods for critical thinking, strengthening clinical education, providing support with mentoring and a rigorous continuous professional development process of monthly reflection activities and in-service training every 6 months. Additionally, attention was paid to the environment for education, including student accommodations, nutritious food, well organized class rooms, computer, skills labs and attention to the personal well being of students.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

To develop competent and compassionate midwives, and to increase their success in the community, particularly in under served areas, quality education is required. By focusing on strengthening faculty, improving education methodology and mentoring as well as the educational environment, the quality of midwifery education of BRAC University in Bangladesh has been greatly enhanced.

EVIDENCE IF RELEVANT

Over 579 graduates have completed their training working in both the public and private sectors, including the Rohingya response, in Midwife Led Care Centers (MLCC). Providing comprehensive sexual and reproductive health care and delivering over 956 babies, BRAC University graduates continue to take part in reducing maternal and neonatal mortality in Bangladesh.

KEY MESSAGE

Quality midwifery education is vital to the establishment and advancement of the profession of midwifery globally. This is especially important in Asia and Africa where maternal mortality continues to be high.

ICMBALI-1561 - Building midwifery educator capacity to teach bachelor of midwifery education programme in Nepal: a process evaluation

L. Tamang[1], G. Devi Niraula[2], B. Ghimire[2]

1 *Nepal Nursing Council, Education, Kathmandu, Nepal*
2 *Nepal Nursing Council, Regulation, Kathmandu, Nepal*

BACKGROUND

Midwifery educators play a critical role in educating the midwifery students to ensure quality midwifery workforce production in the country so that childbearing women can receive quality midwifery care.

OBJECTIVES

To evaluate the process used to build midwifery educators' capacity, who are involving in teaching and supervising midwifery students in different academic institutions in Nepal.

METHODS

The international midwifery consultant carried out the need assessment among midwifery educators and two-days consultation workshop with midwifery stakeholders and educators. Based on the outcome of the workshop international consultation developed midwifery educator's training package and was finalized in consultation with the national midwifery stakeholders. The midwifery educators' training package endorsed by the Nepal Nursing Council pilot tested in the first batch of the midwifery educators' training.

RESULTS

Total 28 educators including clinical preceptors were trained in two batches midwifery educators' training in 2018. The first batch of midwifery educators' training package was of 11 days and based on the review of the training with the facilitators and participants the second batch training package was extended to 14 days. In both training programme participants' skills and knowledge were tested. Although in the pre-course knowledge and skills assessment participants scored average low, however, at the mid-course of the training more than 85 % was scored both on knowledge and skills. At the end of the training participants developed the action plan regarding how and where they will implement their newly learned knowledge and skills at their own worked places and when follow up visits by the trainers were required.

CONCLUSIONS

Through evaluating how midwifery educator's development proceed it provides evidence to support the benefits of building capacity for midwifery educators.

KEY MESSAGE

This paper adds to the international literature in building midwifery educators' capacity.

The process evaluation informs policy and practice for midwifery workforce development in developing countries to ensure quality midwifery education.

ICMBALI-0422 - Clinical supervisors' experience of midwifery student's written reflections

M. Ekelin[1], *L.J. Kvist*[1], *L. Thies-Lagergren*[1], *E. Persson*[1]

1 *Lund University, Health Sciences, Lund, Sweden*

BACKGROUND

Reflective writing during clinical placement has been shown to be valuable in a student perspective concerning professional learning and for personal and professional development. During a midwifery course in the south of Sweden, students write daily structured reflections and their supervisors are asked to read and give feedback.

OBJECTIVES

The aim of the study was to examine how supervisors experience midwifery students´ daily written reflections on their clinical placement at birthing units.

METHODS

A qualitative study where 17 Swedish midwives who were clinical supervisors were interviewed and the data analysed with content analysis.

RESULTS

The main category "*A symbiotic process*", points out that the supervisors looked upon the reflections as a way to support the student's learning by giving feedback. This could start a loop of joint reflection. The first category was *"Facilitating individualized supervision"* and describes how the supervisor could follow the students' development and meet specific needs through working with the reflections. The second category *"Advantageous for the supervising midwife"* reveals that the midwives valued also being required to reflect and thereby developed as supervisors and midwives. The third category *"Optimizing the pre-requisites for valuable reflection"* shows that the midwives experienced the process as demanding and not always easy.

CONCLUSIONS

Written daily reflections during clinical placement are valuable in a supervisor perspective, for supporting students' learning and professional development and for their own development. Supervisors need instructions and organizational support to optimize the use of this pedagogical tool.

KEY MESSAGE

Midwifery students' written structured reflections can be an aid for clinical supervisors.

ICMBALI-0900 - Positioning midwives and nurses as leaders to build modern models of perinatal care for the future

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1 *University of Calgary in Qatar, Nursing, Doha, Qatar*
2 *University of Ottawa, School of Nursing, Ottawa, Canada*
3 *Dalhousie University, School of Nursing, Halifax, Canada*

BACKGROUND

Midwifery has been a regulated profession in the Canadian province of Nova Scotia since 2009. Midwifery in Canada is direct-entry and midwives are primary care providers who collaborate with nurses and other health care providers throughout the perinatal period. We know little about how midwives and nurses collaborate in Nova Scotia, despite the similarity of their roles and skills, and documented challenges of the initial integration of midwifery in the province.

OBJECTIVES

The purpose was to explore collaboration between midwives and nurses in Nova Scotia, Canada. Our research question was; How do midwives and nurses collaborate in Nova Scotia?

METHODS

Concepts of gender, discourse, power relations, and subjectivity guided this feminist poststructuralist case study. Following ethical approvals, data collection commenced using the following methods; individual interviews with 17 participants (midwives, nurses, mothers, stakeholders, health care provider colleagues), document review (24 documents), individual and group discussions, and field notes. Interviews were transcribed verbatim. Feminist poststructuralist discourse analysis was used. We used field notes, multiple sources of data collection, and thick description to ensure trustworthiness.

RESULTS

In this study, we identified four themes and eleven sub-themes. In this presentation, we focus on the theme "Moving forward: A modern model for nurses and midwives" and the two related sub-themes "The (birthing) culture has changed" and "Allies and advocates." Participants discussed how collaboration between midwives and nurses changed birthing practices and cultures, and has the potential to inform the creation of new models of perinatal care.

CONCLUSIONS

Midwife and nurse led models of care should be explored and further developed as potential approaches to address the sustainability challenges of midwifery in Nova Scotia, and in Canada.

KEY MESSAGE

There is great potential for building innovative and collaborative midwife and nurse models of care in order to improve the sustainability and equitable distribution of midwifery services.

ICMBALI-0262 - Empowering parents to recognize signs and symptoms of group B strep (GBS) and other perinatal infection in their babies for the best outcome possible

M. Perhach[1], *J.A. McGregor*[1], *A. Perhach*[1]

1 *Group B Strep International, Main office, Pomona, USA*

PURPOSE

Our objective is to urge midwives to empower parents with information regarding the signs and symptoms of GBS and other perinatal infection.

Over the past 20 years, parents of GBS-infected babies have contacted sister organizations, The Jesse Cause and Group B Strep International, regarding their experiences. A common thread has been not being informed about the signs and symptoms of perinatal/newborn infection which 1) caused delay in seeking medical attention, and 2) did not empower parents to effectively advocate for their baby when medical staff were also uniformed.

DISCUSSION

Signs and symptoms during pregnancy can include low or absent or even frenzied fetal movement along with the signs of preterm labor. Signs and symptoms after birth include 1) sounds such as a high-pitched cry and abnormal grunting, 2) breathing such as fast, slow, or difficult breathing, 3) appearance of skin such as blue or gray skin and a bulging fontanel, 4) abnormal eating and sleeping habits such as refusing to eat and difficulty being aroused, 5) behavior such as projectile vomiting, possible seizures, and a blank stare, and 6) abnormal body temperature and hands and feet feeling cold. Parents need to be informed as to the potential seriousness of the signs and symptoms of infection and that GBS can infect babies not only during pregnancy and after birth, but up to several months of age.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Midwives have the opportunity to share such crucial information with their patients to partner in protecting babies from infection.

EVIDENCE IF RELEVANT

A list of signs and symptoms of GBS infection was given to the Jesse Cause by Dr. Carol Baker, pediatric infectious disease specialist and leading GBS researcher.

KEY MESSAGE

Parents should be empowered with appropriate information regarding the signs and symptoms of perinatal infection so that they can best advocate for their baby's health in partnering with providers.

ICMBALI-0222 - Implementation of a perinatal problem identification program (PPIP) at the women and newborn hospital, Neonatal Intensive Care Unit (NICU) Lusaka Zambia: a feasibility study

B. Mwamba[1], *K. Kapembwa*[2], *E. Ndhlovu*[2]

1 *University of Technology Sydney, Centre for Midwifery, Child and Family Health CMCFH, Sydney, Australia*
2 *Women and Newborn Hospital, Neonatology, Lusaka, Zambia*

DESCRIPTION OF RESEARCH OR INNOVATION

Zambia is among the African countries with a high neonatal mortality rate. Its current neonatal mortality rate is 24 per 1000 live births. Though programs teaching midwives, nurses and obstetricians about active management of the third stage of labour and more recently basic and comprehensive neonatal resuscitation have reduced deaths, more information is needed to further reduce the loss of life from preventable causes. The objective of this study is to improve collection of information on neonatal deaths through the use of the perinatal problem identification program software, which allows rates to be instantly calculated at any time and easily calculated at intervals to show trends.

SIGNIFICANCE TO MIDWIFERY

Improvement in the audit practice and quality of care, which is weighed and reviewed in audit meetings for continuous quality improvement.

ICMBALI-1455 - Can attended homebirth for low risk women in developing countries be safe and beneficial?

K. Hodgkin[1]

1 *Australian National University, National Centre for Epidemiology and Population Health, Australian Capital Territory, Australia*

BACKGROUND

Birthing in a health facility is recommended by the World Health Organization. However, evidence from high-income countries finds that for low risk women, homebirth with a midwife may be as safe as hospital birth, with fewer interventions. Recent research outlines negative consequences of high rates of these interventions, prevalent in middle-income countries including Turkey, Egypt and Brazil with caesarean section rates above 50 %.

OBJECTIVES

Evidence will be presented on the safety of giving birth at home for low risk women in developing countries, using Indonesia as a case study. Indonesia is a low-middle income country with high rates of home birth and midwifery care, and low rates of caesarean section compared with many other middle-income countries.

METHODS

A systematic literature review as well as analysis of Indonesian Demographic Health Survey (IDHS) data were undertaken. Ethical approval was obtained from the Australian National University human ethics committee.

RESULTS

Existing literature finds mixed results as to the safety of attended homebirth in Indonesia and studies have largely failed to adequately consider whether these women were low risk. Preliminary results of IDHS data analysis showed that 27 % of all homebirths were not low risk women, potentially increasing negative outcomes in existing studies. Analysis of neonatal mortality for only low risk women in Indonesia showed that the safest outcomes were seen neither in home nor hospital births, but midwifery clinics.

CONCLUSIONS

When researching homebirth as a potentially safe model of care, it is essential to consider the needs of each individual woman and her likelihood of requiring medical intervention. This first analysis of the data in this way shows promising results for low risk women birthing outside hospital.

KEY MESSAGE

More research is needed into homebirth in developing countries, which may be a safe way for low risk women to birth their babies and has the potential to reduce over-intervention.

Room 9

CONCURRENT SESSION: HOME BIRTH

ORAL PRESENTATION

ICMBALI-1453 - Implementation of a new publicly-funded homebirth program in Canberra, Australia

A. Grimes[1]

1 *Centenary Hospital for Women and Children, Birth Centre, Garran, Australia*

PURPOSE

To share the experience of implementing a publicly-funded homebirth program as a new model of care in Canberra, Australia.

DISCUSSION

Canberra Health Services implemented a trial of a publicly-funded homebirth program commencing October 2016 and to end once 30 births were attained. This was in direct response to passionate and persistent lobbying by women and midwives in Canberra with the support of the ACT branch of the Australian College of Midwives. To date, there have been 26 successful homebirths, with many more planned over the coming months. The program has been a success and it is the intention of the health service to continue to facilitate access to homebirth after the trial's end.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Home is the planned birthplace for only a small number of women in Australia. Homebirth is not endorsed by the Royal Australian and New Zealand College of Obstetricians and lacks federal government support, resulting in funding and insurance issues for midwives. In spite of barriers, some individual state health services have implemented a homebirth program as an integrated maternity care model. Canberra Health Services is one such health service, who was, therefore, able to develop their own policies and procedures for the governance of the homebirth model, that could be used as an example by other interested health services.

KEY MESSAGE

Homebirth offers a safe choice for many women and publicly-funded models allow for greater access to women who have previously been unable to access private homebirth care. The collective voice of women is the most important one to be heard when implementing a new model of care because it is for them the model exists and ensuring a platform for women to share their experiences promotes the ongoing success of the program. Midwives are important advocates to ensure that the voices of women are heard.

ICMBALI-1863 - Planned home birth by midwife in Greece. Level of women's satisfaction

V. Vivilaki[1]

1 *University of West Attica, Midwifery, Athens, Greece*

BACKGROUND

Birth is such an important event in a woman's life and the experience at home should be examined and evaluated.

OBJECTIVES

The aim of this study is to investigate the levels of women's satisfaction of home birth in Greece.

METHODS

Study population consisted of 250 women that gave birth at home, during the period 2010–2017. Questionnaire was pilot tested (Homebirth Satisfaction Scale, H-BSS) and validated.

RESULTS

The results suggest that a great percentage of women appear to be satisfied with the birth at home (88 %, n = 220). It appeared a correlation between satisfaction of home birth and breastfeeding in the 1st hour of life (p = 0,001), trust in birth process (p = 0,010), sense of home as secure for birth (p = 0,004), level of education (p = 0,002), placement of venous catheter in labour (p = 0,000), age (p = 0,040), labour duration (p = 0,012), maintenance of control (p = 0,000), change position at will (p = 0,000), use of water for pain relief (p = 0,030), pain of labour (p = 0,049), postpartum depression (p = 0,018) and positive experience of transition to motherhood (p = 0,000). Simultaneously, it was observed that trust and good communication with midwives (p = 0,000), touch with them before and during labour (p = 0,000), calm (p = 0,000) and respect they showed (p = 0,000), scientific knowledge and midwives' skills, evaluated by women (p = 0,009) and encouragement for decision making by the midwives (p = 0,000) are factors that contribute positively in women's satisfaction.

CONCLUSIONS

Satisfaction from homebirth experience is correlated with factors justifiing high quality of care.

KEY MESSAGE

The place of birth has been considered as a determining factor for woman to experience the birth of her child as a positive experience.

ICMBALI-0072 - Promoting normality and choice; reestablishing a home birth service in North Ceredigion

B. Westbury[1]

1 *Hywel Dda University Health Board, Gwenllian ward- Bronglais General Hospital, Aberystwyth, United Kingdom*

PURPOSE

In their mission statement, the ICM (2018) acknowledges the importance of keeping birth normal. Due to staffing challenges, home births were not actively promoted, resulting in just three home births in 2018. Restructuring of the community team and additional midwives permitted better home birth cover and the midwives actively promoted the service.

DISCUSSION

The birth place decisions leaflet (Kings College London, 2014) is discussed at booking and at a 36 week birth plan appointment. Additionally, home birth afternoon teas enable women to meet the team, learn about home birth, and chat to women who have recently birthed at home. As a result of these steps, more women are choosing home birth. The local home birth rate has increased from 0.6 % in 2018, to 3.2 % in 2019, to 4 % for Jan – Oct 2020. Local demand for home birth is clear, and feedback from women who have birthed at home with the team has been exceptional.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Our team reflects on the births we attend and share stories that women have written for us, enabling discussion and learning. Additionally, the team have secured funding to attend a specialist home birth skills course to further our confidence and competence in this area. Facilitating choice is an integral element of midwifery care, and by re-establishing this service the team are ensuring all women have the option to birth at home if they wish. Furthermore, continuity of carer is recognised as improving outcomes for women. 90 % of women who birthed at home with the team since January 2019 were cared for by a known midwife.

KEY MESSAGE

Encouraging meaningful discussions about place of birth, as well as facilitating story sharing and peer support has made a significant difference to home birth bookings

ICMBALI-0977 - Implementation of the first midwifery model in the public hospitals of Telangana, South India: a Public, Private Partnership (PPP) model

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1 *Fernandez Hospital Foundation, Maternity Services, Hyderabad, India*
2 *Fernandez Foundation, Maternity Services, Hyderabad Telangana, India*

PURPOSE

To evaluate the success of implementation of a midwifery model in the public hospitals of Telangana, South India.

DISCUSSION

Fernandez Foundation, a tertiary care centre for women and new-born. It has well-established midwifery care model for a decade implemented midwifery care of model in two district hospitals of Telangana on a PPP model. This model included recruitment of midwives, training in house, mentorship, data collection and certification. The training and mentoring lasted for one year in one hospital and six months in the other. The training included didactic lectures, workshops, skill imparting, behaviour modifications, attitudinal changes, case simulations and one to six (1 mentor to 6 students mentoring). The assessments included certification, midwife reflections, women clinical and satisfaction outcomes.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

During the study period 30 midwives were trained in the two district hospitals in Telangana. The components of training went smoothly as per the protocol in both the hospitals. All the recruited midwives completed the training in 18 months. The average number of pregnant women attended by the midwives and the average number of births attended by midwives were 76 per month and 28 per month respectively during the training period. The cumulative pregnant women attended by each midwife was 2366 and births attended was 2294 during the study period. The pass percentage was 70 %. The midwives' reflections were very positive from all 30. The C-section rate improved from the baseline in only one of the two sites. The women satisfaction was positive for all midwife led births.

EVIDENCE IF RELEVANT

Midwife led care training model was very successful in district hospitals of South India. The Indian government now recognises the need to strengthen midwifery as a separate profession for the country.

KEY MESSAGE

Midwifery led models works well in large institutions and should be provided for all women assessing maternity care not limiting to the elite.

ICMBALI-0456 - A mixed methods evaluation of an urban aboriginal model of maternity care: the Malabar community midwifery link service: 2007–2014

D. Hartz[1], J. Blain[2], S. Caplice[3], T. Allende[3], L. McGrath[4], K. Williams[3], H. Jarmen[3], S. Tracy[5]

1 *Charles Darwin University, Asia Pacific College of Nursing and Midwifery, Sydney, Australia*
2 *University of Sydney, Global Engagement, Sydney, Australia*
3 *Royal Hospital for Women, Maternity Services, Sydney, Australia*
4 *NSW Ministry of Health, Nursing and Midwifery Office, Sydney, Australia*
5 *University of Sydney, School of Nursing and Midwifery, Sydney, Australia*

BACKGROUND

In Australia, perinatal mortality and morbidity rates remain higher for Indigenous mothers and babies than the non-Indigenous population. The urban-based Malabar Community Midwifery Link Service integrates multidisciplinary wrap-around services along-side continuity of midwifery care for Aboriginal and Torres Strait Islander mothers and babies with an aim to improve health outcomes.

OBJECTIVES

To determine the maternal and infant health outcomes of women and their babies (who identified as Indigenous) during 2007–2014 and were cared for by the Malabar Midwifery Service compared to those receiving care with other hospital models.

METHODS

A mixed method design was used. A cohort study of mothers of Indigenous babies and their babies, who received care with the Malabar Service at an Australian tertiary referral metropolitan hospital were compared to those mothers who did not. Primary outcomes: rates of low birth weight; smoking after 20 weeks gestation; preterm birth; and breastfeeding at discharge. Secondary outcomes: interviews with Malabar women and staff.

RESULTS

The Malabar Service (n = 505/201) demonstrated higher rates of spontaneous birth (65.5 % versus 53.7) and low birth weight babies (7.3 versus 1.5 %). Malabar Mothers (n = 9) experienced: accessibility, preparedness for birth and cultural safety. Staff (n = 13) identified going 'above and beyond' and teamwork to provide culturally safe care counterbalanced with concerns around funding and cultural support. Compared to Australian and New South Wales Indigenous birth populations there are clinically lower rates of preterm birth, low birth weight, admission to neonatal care units, smoking during pregnancy and caesarean section.

CONCLUSIONS

The Malabar Service provides clinically and culturally safe care that is highly valued by the mothers. The model demonstrates improvements in health outcomes for Australian Indigenous mothers and babies.

KEY MESSAGE

Continuity of midwifery care integrated with multidisciplinary wrap-around services promotes improved outcomes for Aboriginal and Torres Strait Islander women and babies. The women feel safe and highly value the care.

ICMBALI-1192 - Autonomy: a view from two different models of New Zealand midwifery practice

J. Clemons[1], T. Mharapara[2], L. Dixon[3], A. Gilkison[1], J. McAra-Couper[1]

1 *AUT University, Midwifery, Auckland, New Zealand*
2 *AUT University, Management, Auckland, New Zealand*
3 *New Zealand College of Midwives, Practice Advice, Christchurch, New Zealand*

BACKGROUND

New Zealand, like many countries worldwide, is experiencing midwifery shortages with attrition related to high workload, stress, and burnout. Exploring how autonomous midwifery practice relates to individual work outcomes will help identify solutions that support a sustainable work design for the profession.

OBJECTIVES

In this study we explored perceived autonomy across two models of midwifery practice: continuity of carer/community and hospital-based midwifery. We quantitatively examined why individuals enter the midwifery profession, what sustains them in their practice, how the work is designed and experienced, and the outcomes of that work. Specifically, we question whether practice autonomy is related to their job attitudes and individual wellbeing.

METHODS

An online survey was made available between March and May 2018 to the national membership of the New Zealand College of Midwives (NZCOM). Two validated scales examined autonomy through decision-making and work methods. Outcome measures associated with autonomy were midwives job satisfaction, work engagement, work-family enrichment, work-life balance and work-boundary flexibility.

RESULTS

A sub-sample of 492 midwives that represent 16 % of the NZCOM membership, participated in year one of this longitudinal study. Early analysis reveal that midwives identify decision-making and work autonomy in their practice. For both community and hospital-based midwives, there is a significant association between their perceived autonomy and job satisfaction. However, for community midwives' autonomy was related to boundary flexibility, work-life balance, work-family enrichment, and work engagement. The perception of autonomy for community midwives is more apparent than for those based in the hospital. For hospital-based midwives, we propose alternative avenues for pursuing work autonomy (e.g. job crafting).

CONCLUSIONS

How work autonomy relates to NZ midwives' job satisfaction, work engagement, work-family enrichment, work-life balance, and work-boundary flexibility is dependent on their roles within the profession.

KEY MESSAGE

While the profession advocates autonomous practice, this study demonstrates that autonomy is not experienced equally across the midwifery profession.

ICMBALI-2048 - The lived experiences of maltese midwives and obstetricians caring for childbearing migrant women

M. Soler[1], *R. Borg Xuereb*[2]

1 *Mater Dei Hospital, Obstetrics and Gynaecology, Msida, Malta*
2 *University of Malta, Midwifery, Msida, Malta*

BACKGROUND

Worldwide migration has increased drastically in the last decade. Malta has also reported an increase in new migrant communities across the Maltese Islands. Our healthcare system has witnessed steady growth in births within families of foreign nationals, thus exposing Maltese midwives and obstetricians to the diverse challenges of caring for multi-cultural people. While international studies have looked at how this phenomenon affects migrant women, little research has been done to explore the views of the healthcare providers.

OBJECTIVES

To explore how midwives and obstetricians can better support childbearing migrant women.

To generate knowledge from the experiences of midwives and obstetricians caring for childbearing migrant women.

To explore the positive and negative experiences of midwives and obstetricians caring for childbearing migrant women.

METHODS

The qualitative paradigm was used to conduct the research by using a semi-structured interview schedule (designed by the authors). Four midwives and four obstetricians were recruited by purposive sampling, and all took part in one audio-recorded interview, between 2016–2017. Ethical issues were taken into consideration and adhered to throughout the research process.

RESULTS

Four super-ordinate themes identified how meeting with childbearing migrant women was initially a 'wake-up call' for midwives and obstetricians, which was followed by feelings of 'powerlessness' and a 'process of metamorphosis' to ultimately suggesting the need for 'compassionate maternity care'.

CONCLUSIONS

The study has identified the many challenges and barriers that midwives and obstetricians face and the positive transformation that they experienced through their regular contact with childbearing migrant women. The findings of this study disclosed that there is a need to improve our maternity services to provide more culturally sensitive, non-stereotyped, and compassionate care.

KEY MESSAGE

Key recommendations; better interpreting services, increase in transcultural education among healthcare professionals, outreach programmes with migrant women, and provision of continuity of maternity care with improved inter-professional collaboration.

Wednesday, 16 June, 19:30 PDT
Parallel sessions 9

RSC Understanding the results of Cochrane and other systematic reviews with meta-analysis (including Forest Plots)

Deborah Davis (Australia)

Presuming no prior knowledge, this workshop will provide you with the skills necessary to interpret the results of a Cochrane or other systematic review and other select research results. You will have an opportunity to work with research examples, to calculate simple statistics (odds ratio and relative risk) and through this hands-on experience, gain a real understanding of how to interpret research results presented in Cochrane and other systematic reviews and other research reports. At the end of the workshop you will demonstrate a basic understanding of the key elements presented in the findings of a Cochrane review including Odds Ratios, Relative Risks, Confidence Intervals, and p values. You will also be able to describe the findings of a meta-analysis presented in a Forest Plot.

Workshop will be delivered by the ICM Research Standing Committee.

ICMBALI-1636 - Non-indicated transfers of care from midwives to physicians in Ontario, Canada

E. Darling[1], *S. Deluce*[2]

1 *McMaster University, McMaster Midwifery Research Centre, Hamilton, Canada*
2 *McMaster University, Department of Obstetrics and Gynecology, Hamilton, Canada*

BACKGROUND

Ontario midwives work in midwife-led continuity of care models. Despite clear regulatory standards, many midwives are obliged by hospital protocols or physician preferences to transfer care to a physician when care remains within their scope of practice.

OBJECTIVES

Our objectives were to measure the rates of midwife to physician transfer of care in Ontario, to determine what proportion were non-indicated according to College of Midwives guidelines and how this varied by hospital, and to estimate the associated costs to the health care system.

METHODS

We conducted a retrospective, population-based cohort study including all Ontario midwifery clients who gave birth between April 2014 – March 2017, using perinatal registry and administrative health data. We summarized rates of transfer of care using descriptive statistics. Cost analyses were conducted from the health system perspective. Approval from the Hamilton Integrated Research Ethics Board was obtained.

RESULTS

The cohort included 66,540 midwifery clients. 37 % of clients experienced a transfer of care (antenatal 10 %, intrapartum 25 %, postpartum 1 %). 36 % of the antenatal transfers of care and 50 % of the intrapartum transfers of care occurred for non-indicated reasons according to the College of Midwives guidelines (e.g., postdates pregnancy, epidural, oxytocin augmentation for dystocia in the first stage of labour). The proportion of clients who experienced a non-indicated transfer of care ranged from 0 % to 44 % across hospitals. Preliminary cost analyses show that physician fees for births that could have been conducted by midwives result in over $1 million of redundant direct health system costs each year.

CONCLUSIONS

High rates of non-indicated transfers of care and variation between Ontario hospitals suggest that there is room for improvements to make better use of midwifery skills and reduce health system costs.

KEY MESSAGE

Restrictions on the scope of Ontario midwives vary widely across hospitals and result in significant unnecessary costs.

ICMBALI-1282 - Maternity outcomes in Spain: a comparison between midwife-led care and obstetrician-led care

A. Martin Arribas[1,2], *R. Escuriet*[1], *C. González Blázquez*[2]

1 *Blanquerna School of Health Sciences, Nursing and Midwifery, Barcelona, Spain*
2 *Universidad Autónoma de Madrid, Medicine Faculty, Madrid, Spain*

BACKGROUND

The organization of maternity systems varies internationally. Registered midwives and obstetricians provide maternity care to healthy women across Spain. Until recently, Spain had an obstetrician-led maternity care system. However, there have been promising changes towards enhancing autonomy of midwifery on the last decade.

OBJECTIVES

To compare maternal and neonatal outcomes of low risk-births between midwife-led and obstetrician-led maternity care in Spain

METHODS

A prospective, multicenter, cross-sectional study was carried out in 65 public hospitals in Spain. Data was collected during 2016–2019. The primary outcome was mode of delivery. The secondary outcomes included oxytocin stimulation, epidural analgesia, perineal trauma, postpartum hemorrhage, Apgar score < 7 at 5 minutes, early breastfeeding and early skin-to-skin contact. Descriptive statistics were used to summarize the women's characteristics. The Chi-square test was used to analyse the differences between midwife and obstetrician-led maternal and neonatal outcomes. Multiple logistic regressions were used to examine the difference between the comparison of the two groups after adjusted potential cofounders.

RESULTS

Out of a total of 11,687 low risk women, the proportion of those whose care was initiated by midwives was 94 %. Statistically significant differences ($p < 0,05$) between the midwife-led care group and the obstetrician-led care group in terms of oxytocin stimulation, epidural analgesia, perineal trauma and early skin to skin contact were found. No statistically significant differences were observed for Apgar score < 7 at 5 minutes and maternal and neonatal admission to intensive care.

CONCLUSIONS

Midwife-led care for women with low-risk births reduced cesarean section and several medical interventions with no apparent increase in immediate adverse maternal and neonatal outcomes compared with obstetrician-led care. Future research should examine how midwifery and obstetrician led care models differ and the cost-effectiveness to the health care system.

KEY MESSAGE

The provision of midwife-led care should continue be expanded in Spain.

ICMBALI-1420 - Australian midwives' experiences of transitioning into midwifery led continuity of care within a self-employed model

M. Barker[1], *J. Fenwick*[1], *J. Gamble*[1]

1 *School of Nursing and Midwifery- Griffith University and Transforming Maternity Care Collaborative, School of Nursing and Midwifery, Meadowbrook, Australia*

BACKGROUND

In the last decade, Australian midwives have had an unprecedented opportunity to provide continuity of care within a self-employment model with access to government-funding and visiting rights at public hospitals. However, nationwide implementation of this model has been slow, with less than 1 % of Australian midwives working this way.

OBJECTIVES

To explore the experiences of midwives who transitioned from hospital-based employment into a self-employed model and attained visiting access to public hospitals.

METHODS

A qualitative descriptive study was conducted following institutional ethical approval. The study used purposive sampling, midwives with visiting access to an Australian hospital were invited to participate. Face-to-face interviews were conducted and digitally recorded. Interviews were professionally transcribed prior to coding. Thematic analysis was conducted by the lead author, themes were determined by consensus between authors.

RESULTS

Six midwives participated in the study. The midwives strongly identified with their role as lead care providers to childbearing women, working across their full scope of midwifery practice and providing continuity of care. They were committed to ensuring access to evidenced based, primary focused, woman-centred care. The midwives' desire to practice these 'core midwifery values' underpinned their journey into private practice. This major theme drove the four associated themes titled 'with-system versus with-woman: a misaligned practice context'; 'maternity reforms: taking advantage of new opportunities'; 'private midwifery practice: risk, uncertainty and courage'; and 'finding our way on the other side: triumphs and tribulation of private practice'.

CONCLUSIONS

Private practice with visiting access to a hospital provided midwives with a service model that aligned their core midwifery values with their clinical practice. However, despite the increased opportunities, midwives continued to experience barriers that limited women's access and threatened the sustainability of the model.

KEY MESSAGE

Midwifery private practice with visiting access enables midwives to provide evidence based, midwifery led continuity of care within a collaborative health care network.

ICMBALI-1781 - Treasure hunting - establishing a midwife-led fetal growth assessment clinic to identify the high risk fetus in the low-risk pregnancy

H. Watson[1], B. Kelly[1], H. Rice[1]

1 *Belfast Health and Social Care Trust, Maternity, Belfast, United Kingdom*

BACKGROUND

Fetal growth restriction (FGR), after including all known variables such as smoking, obesity, ethnic origin and social deprivation, is the single largest population attributable risk for stillbirth (Gardosi 2014). The authors have focused attention on the monitoring of fetal growth and detection and management of suspected FGR/Small for gestational age (SGA) in the low-risk population of women. Surveillance of fetal growth in the third trimester of pregnancy using regular fundal height measurement, ultrasound (USS) biometry or a combination of both methods continues to be the mainstay for the assessment of fetal wellbeing.

OBJECTIVES

The quality improvement project and establishment of the Midwife-led Fetal Growth Assessment (MFGA) clinic was implemented to address one of the biggest perinatal problems in the UK – identification of the high-risk fetus within the low-risk mother.

METHODS

The MFGA clinic was set up in February 2017 to provide a direct referral route for midwives to arrange a USS for low-risk women attending a midwife-led care (MLC) pathway, where there is a suspicion of FGR/SGA following a fundal height measurement.

RESULTS

Over 2 years, of the 816 USS that were performed, 105 (13 %) were referred into consultant-led care (CLC) with suspected FGR/SGA, with 30 % of these babies born (n = 32) having a birthweight < 10th centile. Of these 32 babies with a birthweight < 10th centile, 63 % had a birthweight < 5th centile (n = 20).

CONCLUSIONS

This clinic assists midwives to identify FGR/SGA babies and ensure that they were adequately monitored, and also reassure those who did not require any further intervention to remain on a low-risk MLC pathway.

KEY MESSAGE

Establishing the MFGA clinic has led to increased satisfaction rates for mothers, but more importantly increased detection rates of FGR/SGA in this low risk population of women following an MLC pathway due to the ease of access to ultrasound scanning within the recommended 72 hour timeframe.

ICMBALI-0224 - Sustaining Midwifery Group Practices (MGPs), is it just a matter of valuing, supporting and understanding them?

L. Hewitt[1]

1 *Western Sydney University, School of Nursing and Midwifery, Rydalmere, Australia*

BACKGROUND

Despite the well-known benefits of midwifery-led continuity of midwifery care, approximately only 10 % of women have access to this model of care in Australia. Identifying how to meet operational and workforce barriers in order to sustain the Midwifery Group Practice (MGP) model may help to make MGP available to more women.

OBJECTIVES

To discover what midwives working in MGP view as optimal management and essential to sustain these models.

METHODS

The qualitative first phase of a two-phase mixed methods study will be discussed. The first phase employs in-depth interviews with Midwifery Group Practice midwives. The interviews were analysed thematically and lexically for triangulation.

RESULTS

Thematic analysis revealed the overarching theme of '*Value and Support*', suggesting that sustainability requires the MGP practice to be valued and supported by all stakeholders. Sub-themes include '*value and support within the Group*' including the Midwives themselves, their families and each other. The second sub theme is *'Value and support from outside the practice'* and includes the manager, the management system, the core services, the community and most importantly the women using the service. The Lexical analysis revealed the theme: *'understand'*, which may indicate that in order to value and support an MGP, stakeholders must understand the service.

CONCLUSIONS

In order to sustain an MGP model all stakeholder groups need to value and support the practice. However, for stakeholders to value and support the service there must be a level of understanding regarding how the service operates and the benefits.

KEY MESSAGE

Organisational and workforce barriers can be overcome, improving model sustainability if all stakeholders understand, value and support the MGP service from within and outside of the group practice.

ICMBALI-0144 - Measuring midwifery workplace culture using a mobile phone

C. Catling[1], *A. Cummins*[1], *C. Rossiter*[1]

1 *University of Technology- Sydney, Centre for Midwifery, Child and Family Health, Faculty of Health, Sydney, Australia*

BACKGROUND

There are major midwifery workforce shortages in Australia. Midwives in Australia are leaving their profession due to work pressures caused by inadequate staff levels and excessive administration, as well as 'cultural' factors in the sector. There is a need to articulate the career options for midwives, support career agility, and promote the profession, as well as deal with negative cultural environments. It is also a priority to understand and monitor the midwifery workplace culture, and identify effective interventions that will enhance environments for effective midwifery management and leadership.

OBJECTIVES

This study will examine the feasibility of monitoring the midwifery workforce using a specific survey on a mobile phone platform. It aims to provide data on midwifery workplace culture and why midwives become dissatisfied and/or leave the profession.

METHODS

Midwives within a Local Health District in NSW, Australia, will complete the survey five times during 2019. Focus groups will be undertaken before and after the study period. Data will be analysed using SPSS and the free text section within the survey and focus group data will be thematically analysed. Ethical clearance within the Local Health District and the University have been obtained.

RESULTS

The results will be forthcoming once the study concludes in December, 2019. These will comprise both quantitative and qualitative data on the midwifery workforce culture in one Local Health District in NSW, Australia, and the reasons why midwives intend to leave their profession.

CONCLUSIONS

The results of this 2019 study will inform the NSW Ministry of Health, Australia, of the areas of support necessary to maintain help retain the midwifery workforce.

KEY MESSAGE

It is vital for the well being of women and their families that midwives are listened to and supported in their jobs in order to remain in their profession.

ICMBALI-0627 - Valuing midwifery practice in every setting: how alongside midwifery unit and obstetric unit relationships can excel

A. Corr[1]

1 *University of Nottingham, Division of Midwifery, Nottingham, United Kingdom*

BACKGROUND

Alongside midwifery units (AMUs) exist in many countries. They provide midwifery-led care to low-risk women and are situated next to consultant-led, obstetric units (OUs). Poor working relationships between AMU and OU midwives often occur, resulting in difficult working environments and raises concerns about the effect on women's quality of care (Bick et al, 2009; McCourt et al, 2014; McCourt et al, 2016).

OBJECTIVES

To discover the causal mechanisms which facilitate or hinder midwifery intraprofessional relationships across AMU/OU boundaries.

METHODS

A critical realist literature review was utilised to explore the current evidence. Relevant papers were identified by searching electronic databases.

RESULTS

Eleven peer-reviewed, primary research articles were included in the review. Themes extracted were:

Identity

AMU midwives gain a collective identity that provides security and role definition, which is needed when working in a paradox of promoting normality in a hospital environment. However, a collective identity creates a sense of the "other", which can be dehumanising, and a newly established AMU identity can force the OU midwives to re-evaluate their own position. This can be painful, anxiety inducing and can create unrest.

Surveillance

AMU and OU midwives experience varying levels of surveillance from medical staff and regulators, causing tension.

Medical dominance

AMU midwives are often asked to cover OU staff shortages and maintain their high-risk clinical skills. The reverse is not asked of OU midwives. Normal midwifery skills are perceived as less valuable and the OU service the priority.

CONCLUSIONS

An isolating midwifery identity and surveillance have developed through medical dominance. Midwives in all areas must empower themselves to be a leading profession; midwifery skills, values and resources should be exalted as much as the medical. This can provide a future for strong working relations between midwives in different settings and safer care for women.

KEY MESSAGE

The importance of midwifery skills must be valued and recognised.

Room 5

CONCURRENT SESSION: WORK ENVIRONMENT

ORAL PRESENTATION

ICMBALI-1482 - Family centred care in neonatal unit: a mirage in developing countries?

E. Adama[1]

1 *Edith Cowan University, School of Nursing and Midwifery, Perth, Australia*

PURPOSE

To explore the application of Family Centred Care (FCC) in a neonatal unit in a developing country.

DISCUSSION

The use of family centred care (FCC) model in nursing and midwifery practice has been phenomenal over decades. It has been recommended as one of the best models of care in nursing and midwifery practice. However, evidence on its implementation in resource limited countries is lacking. Although, the concept of FCC is well understood by healthcare workers, the implementation in a resource limited country requires modification to include other extended families in decision making and care partnership.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

FCC is an excellent concept but the tenets must be re-defined and re-assessed to make it appropriate for developing countries.

Understanding the challenges of implementing FCC in neonatal units in developing countries will set the foundation for developing ideas for family inclusiveness in neonatal care.

EVIDENCE IF RELEVANT

The study was conducted using narrative inquiry methodology in a resource limited country. Non-participants observation of neonatal nurses and midwives and face-to-face interviews of 40 parents of preterm infants discharged from four neonatal hospitals were conducted. Findings suggest that parents, especially fathers were not included in the care of their preterm infants. Although mothers were given some degree of access to their preterm infants, they were not included in the decision making process of the care of their preterm infants. Mothers felt they did not have unlimited access to their infants as feeding times were timetabled. Grandmothers who are the ultimate care providers after discharge were not included at all during admission.

KEY MESSAGE

FCC is an excellent model of care in neonatal unit but must be modified in resource limited and culturally diverse nations to achieve optimum neonatal and maternal care outcomes.

ICMBALI-1264 - Digital drugs: using virtual reality technology for women in labour

L. Massov[1], *B. Robinson*[1], *E. Rodriguez*[2], *R. Maude*[1]

1 *Victoria University of Wellington, Graduate School of Nursing, Midwifery and Health, Wellington, New Zealand*
2 *Victoria University of Wellington, School of Design and Architecture, Wellington, New Zealand*

PURPOSE

The purpose of this PhD study will be to explore the experiences of women using Virtual Reality as a non-pharmacological method of pain relief in labour. Virtual Reality technology is being used internationally in a range of clinical settings to manage acute pain and procedural anxiety. This study aims to assess the usability of Virtual Reality technology and a range of Virtual Reality environments with pregnant women as potential users. It will also explore women's experiences of using Virtual Reality during labour. This research will determine whether Virtual Reality will effect the experience of labour pain for women, whether this is associated with other effects, and explore possible perception and cognition mechanisms responsible.

DISCUSSION

There is worldwide concern over rising epidural analgesia rates for women in childbirth and the use of pharmacological methods of pain relief in normal labour. Epidural analgesia renders birth non-physiological and the rationale exists to challenge its use in normal birth. Birth is a normal physiological process and many women want a natural non-pharmacological birth.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

This Mixed Methods research study is intended to make an original and unique contribution to midwifery clinical practice and to the field of Virtual Reality and its application in labour and birth. This may also have potential implications for other patients experiencing acute pain and/or anxiety and also inform design for new biomedical technologies.

EVIDENCE IF RELEVANT

This study has only just commenced recruitment of participants so has no preliminary findings as yet.

KEY MESSAGE

Virtual Reality technology is exciting and innovative technology. It has the potential to be effective for women in labour, to reduce labour pain intensity, time spent thinking about pain and to aid relaxation. It may be an effective non-pharmacological method of pain relief for those women seeking natural birth.

ICMBALI-0703 - Midwives, mothers and machines: a feminist critique of technology in the birth space

D. Fox[1], *R. Coddington*[2]

1 *Lecturer in Midwifery, University of Technology, Centre for Midwifery, Child and Family Health, Sydney, Australia*
2 *University of Technology, Centre for Midwifery, Child and Family Health, Sydney, Australia*

PURPOSE

Increasing rates of intervention and psychological trauma during childbirth are drawing attention to the deficits in the way we currently care for women giving birth. Over emphasis and reliance on technology has reduced the humanistic aspects of maternity care, focusing on machines, to the detriment of the well-being of mothers and their babies. There is an urgent need to reflect on our relationship with technology so that physiological processes and positive experiences for women remain paramount. The purpose of this presentation is to offer theoretical debate on the role of technology in childbirth. In particular, we will focus on the use of electronic fetal monitoring for the past 50 years, drawing on a feminist perspective to critique current practices in the birth space.

DISCUSSION

When women consent to continuous fetal monitoring, the technology and the fetus become prominent entities in the birth space. The focus upon these entities may be to the detriment of the care of the woman, who becomes a passive actor in her own childbirth experience.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

By identifying the influence of technology on a woman's childbearing experience, midwives may become more cognisant of how to mediate the needs of the woman and the application of technology.

EVIDENCE IF RELEVANT

This presentation forms part of a larger project on optimising physiological processes for women with complex pregnancies. We will draw upon Layne's (2010) notion of feminist technology, and mediation theory (Verbeek 2008), to demonstrate that midwives have the capacity to harness technology and bring women back to the forefront of care.

KEY MESSAGE

By critiquing the routinely accepted use of technology in childbirth we may better understand how to prioritise the woman and optimise her innate physiological processes, in order to facilitate a safe and satisfying birth experience.

Room 6

CONCURRENT SESSION WITH 3-MIN PRESENTATIONS: TECHNOLOGY 2
(+ THREE-MINUTE PRESENTATIONS)

ORAL PRESENTATION

ICMBALI-0283 - Midwives leading in the digital age for quality of care

A. Moritz[1], *V.I. Thouvenot*[2]

1 *Fondation Sanofi Espoir, Communication and project management, Paris, France*

2 *Millennia2025 Women and Innovation Foundation, Women Observatory for eHealth, Namur, Belgium*

PURPOSE

The increasingly high potential for Information and Communication Technologies (ICTs) to improve maternal health, the expansion of telecommunication networks, and the penetration of mobile phones in rural areas of developing countries have made possible to connect previously unconnected pregnant women to healthcare through mobile health, eLearning and Artificial Intelligence.

Systematically applying ICT solutions to reduce maternal and newborn mortality is the primary aim of the digital services developed at the Women Observatory for eHealth (WeObservatory) of the Millennia2025 Foundation. In partnership with the Foundation Sanofi Espoir they seek to bring innovative solutions to midwives and pregnant women to increase their access to healthy pregnancy information and emergency care.

DISCUSSION

Innovation takes time to be accepted by midwives and pregnant women. It is time to provide them technological expertise in mobile health for quality of care in their communities. Results vary to date, depending on local conditions, funding and long-term support. Training midwives on the use of new technologies for their daily work is an essential component for the reduction of maternal and child mortality within the global framework of the UN Sustainable Development Goals.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Since 2014, the WeObservatory has provided financial and technical support to six midwifery projects, to design four mobile apps published in various languages (Twin2win, Happy Baby, Happy Mom, Universal Midwives and Zero Mothers Die App), eight online modules on ICTs for Midwifery in Mexico and a web platform in 27 languages for pregnant migrant women in Switzerland. In 2020, intelligent chatbots and artificial intelligence will complete the apps.

EVIDENCE IF RELEVANT

Evidence needs additional research.

KEY MESSAGE

The design and adoption of mHealth applications that facilitate sharing experiences among midwives and their access to evidence-based knowledge strengthens their daily practice, empowering them to improve maternal and neonatal healthcare worldwide.

ICMBALI-1819 - Impact, Influence & Insight: calling the midwife on social media

P. Idicula[1], *R. Daniel*[2]

1 *Birthvillage The Natural Birthing Center, midwifery, Cochin, India*
2 *Birthvillage The Natural Birthing Center, childbirth education, Cochin, India*

DESCRIPTION OF RESEARCH OR INNOVATION

Latest studies report 94 percent of women used the Internet to supplement information already provided by health professionals; and 83 percent used it to influence their pregnancy decision making. 4 focus groups were selected from 2 prominent social media factions. Data collected using a valid, reliable web-based questionnaire that targets 500 women over a 6 month period, who have used the Internet for pregnancy-related information whilst pregnant. To garner insights from the Birthvillage social media experience to provide experiential knowledge about providing right information and holding space for midwifery presence on new age platforms.

SIGNIFICANCE TO MIDWIFERY

It is crucial for midwives to understand how to use the tools of the future, to understand what the pregnant millennial is searching for and for midwifery policy makers to examine how and what information should be disseminated to make midwifery more accessible for Generation X.

ICMBALI-0444 - Podcasting with student midwives, using social media for sharing the good, the bad and the journey from novice to newly qualified

S. Brown[1]

1 *Home address, Midwife, Glasgow, United Kingdom*

DESCRIPTION OF RESEARCH OR INNOVATION

Since September 2018 we have been creating a podcast. A modern way of cataloguing the experiences of students during their training. Our aim is to record one per month over 3 years. Our topics include admissions process, management of work/life balance, studying/working, managing expectations and what midwifery means. Our most recent podcast captured a lot of "firsts" abdominal examination, birth, first newborn held. Some students are members of a continuity of care team; sharing information on woman centred care. We invite guests to contribute; maybe we can capture the voices of ICM.

SIGNIFICANCE TO MIDWIFERY

It is incumbent upon the educators to keep abreast of how information is shared in keeping with this we have embraced social media. We aim to inform, excite and educate people who are interested in midwifery. The content is honest, including financial, emotional, personal and professional challenges. We hope that the listeners hear the passion, laughter and courage.

ICMBALI-0202 - Development and implementation of a massive online course

K. Erlandsson[1]

1 *Dalarna University, School of Education, Health and Social Studies, Falun, Sweden*

DESCRIPTION OF RESEARCH OR INNOVATION

The overall objective of developing a national free online course on SRHR and midwifery, is to develop a massive open online course that can be widely spread to policy makers, health care managers, leaders, midwives, nurses, doctors, students and midwifery faculty, to enhance knowledge and understanding about SRHR and midwives, necessary to enable the implementation of midwifery as a new profession in the country. The course consists of both lectures, films on midwifery services, and interviews from donors, government officials, midwives, midwifery students and hospital managers. With internet access I will demonstrate the course on line and describe how to register and take the course.

SIGNIFICANCE TO MIDWIFERY

This course can be considered an advocacy to the broad mass of leaders, managers, nurses, doctors and faculty.

ICMBALI-0273 - Key results of midwifery pre-service education rapid assessment in Afghanistan

S. Currie[1], P. Manali[2], M. Jafari[3], E. Hossain[2], H. Tappis[4], A. Hyre[1], Z. Mirzaei[2]

1 *Jhpiego, Technical Leadership, Baltimore, USA*
2 *Jhpiego, Afghanistan, Kabul, Afghanistan*
3 *Toronto, Canada*
4 *Jhpiego/JHU, Monitoring- Evaluation and Research, Baltimore, USA*

BACKGROUND

Quality midwifery pre-service education (PSE) is key to ensuring competent midwives and improving maternal and newborn survival. Investing midwifery PSE has been a priority for the Government of Afghanistan for 15+ years and a national accreditation process is in place. Recently there has been exponential growth of private midwifery schools about which little is known.

OBJECTIVES

On request of the Ministry of Public Health (MoPH) under the auspices of the *Midwifery Services Framework,* we conducted a rapid assessment of midwifery PSE to better understand the situation.

METHODS

A validated assessment tool based on ICM education standards was adapted and used to assess five areas of PSE: infrastructure & management; teachers and preceptors; clinical practice sites; curriculum; and students. The assessment was conducted in 29 of 157 known midwifery PSE institutions in December 2017. Data collection methods included interviews with 163 midwifery faculty and 58 preceptors; document review; observation of classrooms, skills labs and clinical sites; and 697 student self-evaluations.

RESULTS

Descriptive analysis showed that 72 % (21) of schools are managed by midwives, 69 % (95) teachers report at least two years of clinical experience and 69 % (113) were prepared as teachers. All schools have at least one skills lab regardless of student numbers. Private schools faired poorer than public schools across quality dimensions e.g. 44 % (7) private schools had childbirth simulators compared to 77 % (10) public; 44 % (14) private schools used groupwork versus 69 % (18) of public. Overall 59 % (34) schools used skills demonstration but only 21 % (12) support skills practice.

CONCLUSIONS

Partners are supporting the MoPH to address gaps identified including capacity building of teachers and preceptors and supporting the newly established Midwifery and Nursing Council to assume regulatory responsibility and ensure quality midwifery education.

KEY MESSAGE

Improving the quality of midwifery education is important for strengthening health systems and improving maternal and newborn survival.

ICMBALI-0187 - Uniting the voice of midwifery education in the United Kingdom: the evolution and impact of the role of the Lead Midwife for Education

S. Way[1], *N. Clark*[2]

1 *Bournemouth University, Health and Social Sciences, Bournemouth, United Kingdom*
2 *University of Hull, Health Sciences, Hull, United Kingdom*

PURPOSE

This presentation will discuss how in the United Kingdom (UK) senior midwife educators, known as Lead Midwives for Education (LME) have been instrumental in achieving consistency and quality in the delivery of midwifery education. It will demonstrate how a group with a common purpose can provide support to each other during challenging times. Through proactive leadership the LME group has evolved to be a significant stakeholder in shaping nation-wide political and education agendas.

DISCUSSION

The World Health Organisation (WHO) has identified the importance of needing experienced, well-educated midwife teachers to deliver high quality midwifery education but acknowledge that the education and training of teachers has taken on a much lower profile across the globe when compared to setting standards for training midwives. To address this, the WHO published, *Midwifery Educators Core Competencies* (2013), which aim to embrace a common philosophy; provide a framework for the design, implementation and evaluation of the programme; promote safe practice; reinforce the autonomy of the midwife and foster continuous quality improvement. The WHO recognises however, that there are many challenges to adopting the competencies across the globe partly because of a lack of consistent approaches among regions within countries.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

There are approximately 55 LMEs, one in every university where midwifery education is taught. The LMEs work together and have formed the LME-UK Executive, playing a significant strategic role in determining the knowledge, skills, proficiency and suitability of future midwives.

EVIDENCE IF RELEVANT

Examples will be offered to evidence the above including: an overview of the evolution of the Executive; how leadership at national, regional and local levels has played a significant role in the evolution and work streams that have had a positive impact on the development and delivery of midwifery education.

KEY MESSAGE

A group with a common purpose can provide a united voice and be effective change agents.

ICMBALI-0448 - Midwives and student midwives from Timor-Leste and Australia – their shared learning experience

C. Dunne[1], *M. McVean*[2], *C. Exposto*[2]

1 *Australian Catholic University, Nursing, Midwifery & Paramedicine, Brisbane, Australia*
2 *Hospital Nacional Guido valadares, St John of God Health Care, Dili, Timor-Leste*

PURPOSE

Through collaboration with the St John of God Health Care Social Outreach (SJGHC) midwives, the senior staff of the Guido Valadares National Hospital (HNGV) and the students and staff from Universidade Nacional Timor Lorosa'e (UNTL), Australian Catholic University's students engage with the local midwifery community to expand their own understanding of midwifery's important role in primary health care and to contribute to the welfare of women who may be experiencing disadvantage or marginalisation.

DISCUSSION

SJGHC midwives facilitate the placement of two students per week for three weeks, to participate in clinical activities within the midwifery unit at HNGV, which allows for a sharing of knowledge and skills from diverse midwifery backgrounds and health care systems. During the experience, students provide staff with a presentation and discussion of midwifery education and experiences and scope of practice in Australia. Midwives and staff from HNGV and UNTL are also provided with the opportunity to share their knowledge and experiences with the ACU students.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

HNGV is Timor-Leste's national referral hospital with over 5000 births per year. The midwives provide midwifery care for 10–30 labouring women per day and 50 antenatal and postnatal women during a 24 hour period. While the midwives are skilled in providing clinical care, the workload does not lend itself to woman centred care. The Australian students' interaction with the women provides the example of woman centred care. While the ACU students are learning time management skills and cultural diversity and furthering their assessment skills, the Timorese staff are witnessing a more empathetic approach to caring.

KEY MESSAGE

Despite the challenges of a language barrier and the need for interpreters, plus the 'culture shock' the Australian students experience when working within a developing country's health care system, all parties are willing to share their own expertise and to learn from others.

ICMBALI-1577 - Development of midwifery education in Nepal: effectiveness of passionate advocacy in midwifery

L. Tamang[1]

1 *Midwifery Society of Nepal, Professional Association, Kathmandu, Nepal*

BACKGROUND

I became passionate about midwifery beginning in 1996 when I began learning about women's issues, particularly sexual and reproductive health and gender politics. Since then I have come to realize that midwives are a unique cadre among healthcare professionals. However, midwifery education is still part of nursing education programme in Nepal. Therefore, still the vast majority of nurses and general public think that midwifery is part of nursing profession which is really challenging to educate people to let them aware and inform that it is a separate profession, not part of nursing.

OBJECTIVES

To educate and inform about the experiential learning lesson in striving to initiate midwifery education programme in Nepal.

METHODS

Based on the government of Nepal's National Policy on Skilled Birth Attendants 2006 and National Health Policy 2014 series of individual and group strategic advocacy with the concerned academic institutions and policy makers including planners and stakeholders had been carried out since 2012 in order to start midwifery education programme in the country.

RESULTS

Kathmandu University started Bachelor of Midwifery Education Programme in 2016 followed by the National Academy of Medical Sciences in 2017 and Karnali Academy of Health Sciences in 2018. Besides, this year Council for Technical Education and Vocational Training is on the process of starting three-years Proficiency Certificate Level of Midwifery Education programme in three different colleges.

CONCLUSIONS

Any individual passionate about midwifery or any issue can make a significant difference if they are persistence and perseverance in advocating and lobbying strategically based on the available evidence to make things happen in reality. However, strong determination and timely identification of resistance to change has to be critically analyzed and addressed during the process.

KEY MESSAGE

Formal and informal advocacy for midwifery based on available evidence both national as well as international is critical to make things happens in the ground reality.

ICMBALI-0406 - Australian migrant women with female genital mutilation: perspectives and experiences on quality of maternity care

S. Turkmani[1], *C. Homer*[2], *A. Dawson*[1]

1 *University of Technology Sydney, Health, Sydney, Australia*
2 *Burnet Institute, Maternal and Child Health, Melbourne, Australia*

BACKGROUND

Due to changing patterns of migration, midwives and doctors in Australia are seeing more women from countries where the practice of female genital mutilation (FGM) is prevalent. Studies in Australia and elsewhere have examined the knowledge, referral practices and cultural safety from the perspective of midwives. The voices of women are largely absent representing a gap that affects the provision of woman-centred care.

OBJECTIVES

This study explored FGM-affected women's maternity care experiences from different communities in one metropolitan location in Australia to identify ways of improving the quality of the maternity care. The focus of the study was to understand the socio-cultural and health needs of these women and opportunities to improve the quality of maternity care for women with FGM in high inome countries like Australia.

METHODS

A qualitative study using appreciative inquiry was undertaken to explore the positive maternity care experiences of migrant women with FGM and in discussion with these women envisage what furture maternity care might and should look like. In total, 23 interviews and three focus groups were conducted with women who had experienced FGM and had given birth in Australia. A thematic analysis was applied.

RESULTS

Four themese described women's experiences: (1) appreciating the best in their experiences, (2) achieving their own dreams, (3) planning together and (4) acting, modifying, improving and sustaining. Women discussed how they could be meaningfully involvement in the design and delivery of maternity care to improve health outcomes.

CONCLUSIONS

This study is one of the first of its kind in Australia and provides an understanding of policy, socio-cultural and healthcare gaps, and strategies required to build self-efficacy and improve health outcomes.

KEY MESSAGE

Engaging women as equals in the design and delivery of their own health care services is necessary to improve the quality of health services.

ICMBALI-1967 - Female genital mutilation – responding to cultural diversity

H. Johns[1,2], M. Jones[3], S. Robson[4]

1 *The Royal Women's Hospital, Breastfeeding Services/African Women's Clinic, Parkville, Australia*
2 *La Trobe University, Judith Lumley Centre, Bundoora, Australia*
3 *The Royal Women's Hospital, African Women's Clinic, Parkville, Australia*
4 *African Women's Clinic/Clinical Education, The Royal Women's Hospital, Melbourne, Australia*

PURPOSE

Awareness of Female Genital Mutilation (FGM) is important for all midwives. Many refugee and other women who come from countries where female circumcision is practiced present for pregnancy care within those countries and beyond. Specialised management to identify and provide optimal care for women affected by FGM is important regardless of the place of birth.

DISCUSSION

FGM is estimated by the World Health Organization to have been performed on 200 million girls and women alive today. The prevalence of this practice (variously known as Female Circumcision/Female Genital Cutting/Traditional Cutting and Female Genital Mutilation) is believed to be gradually declining and the procedure is condemned by a number of international treaties and conventions, and in many countries, including Australia, by national legislation.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

An innovative response to female circumcision has been developed at the Royal Women's Hospital in Melbourne. Family and Reproductive Rights Education Program (FARREP) workers collaborate with midwives and obstetric staff to provide support for affected women. Midwife lead reversal of circumcision (de-infibulation) is undertaken as an outpatient procedure under local anaesthesia. Women who have more complex needs (extensive genital scarring, vivid memories of the original procedure and/or concerns about experiencing 'flash backs') are offered referral for de-infibulation under general anaesthetic with specialist medical staff.

EVIDENCE IF RELEVANT

The service provides education about why FGM is illegal in Australia and it is illegal to take a baby girl or woman outside Australia with the intention to circumcise.

KEY MESSAGE

While there is a lack of information about the optimal timing, planned de-infibulation allows the restoration of normal anatomy and function to the extent possible, and may be undertaken prior to the commencement of a sexual relationship. Where not previously attended de-infibulation may be performed during pregnancy to facilitate birth, minimise perineal trauma and bleeding and, may arguably reduce maternal anxiety about the birth process.

ICMBALI-0758 - Culturally responsive care: the cross cultural workers in maternity and child and family health model of care for women and families from migrant and refugee backgrounds

H. Rogers[1,2], L. Hogan[2], D. Coates[3], C.S.E. Homer[3,4], A. Henry[2,5,6,7]

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2 *UNSW Medicine, School of Women's and Children's Health, Sydney, Australia*
3 *University of Technology Sydney, Faculty of Health, Sydney, Australia*
4 *Burnet Institute, Maternal and Child Health, Melbourne, Australia*
5 *The George Institute for Global Health, Sydney, Australia*
6 *Maridulu Budyari Gumal SPHERE, Sydney, Australia*
7 *St George Hospital, Women's and Children's Health, Sydney, Australia*

BACKGROUND

Women from migrant and refugee backgrounds are often isolated, face challenges navigating healthcare systems, and are more likely to experience suboptimal perinatal outcomes. The Cross Cultural Workers (CCW) in Maternity and Child & Family Health work in partnership with midwives and nurses to provide a model of care that supports women and families from migrant and refugee backgrounds to access and maintain engagement with maternity and community-based services.

OBJECTIVES

To evaluate the effectiveness of the CCW model of care in terms of perinatal outcomes; satisfaction from perspective of women, their partners/support person, and service providers; implementation barriers and enablers, and resource implications.

METHODS

Surveys and interviews with women in pregnancy and 6 months postpartum, surveys of partners/support people when their baby is 6 months old. Surveys and interviews with Service Providers 18 months post CCW Service implementation.

RESULTS

Research ongoing, preliminary findings (N = 57), highlight a high degree of maternal satisfaction; 97 % very satisfied or satisfied with the CCW Service. Women reported a positive impact on their maternity experience (84 %), increased understanding of pregnancy, birth and parenting (100 %), and would recommend Service to friends/family (100 %). Sixty-nine surveys and nineteen interviews with Service Providers show 83 % felt the Service improved women's maternity care 'a great deal'. Strengths of the Service were the ability of the CCWs to act as a 'bridge' to health.

CONCLUSIONS

The CCW Service provides a model to improve maternal satisfaction and healthcare access, and contributes to the international evidence-base to advise future service planning, and development of models of care that are responsive to the needs of women and families from migrant and refugee background.

KEY MESSAGE

Addressing the needs of women and families from migrant and refugee backgrounds during the perinatal period is recognised internationally as a public health priority. The CCW Service provides a model to improve outcomes and healthcare access.

ICMBALI-1083 - The role of traditional partería in providing health care to women and children in Latinoamérica: A Qualitative synthesis of literature and implications of findings for midwifery

D. Suarez Baquero[1], *J. Champion*[1]

1 *University of Texas at Austin, School of Nursing, Austin- TX, USA*

PURPOSE

Traditional Partería, commonly translated as lay midwifery, refers to an ancestral body of knowledge that has provided health care to women and children prior to the formalization of healthcare disciplines. *Traditional Partería* remains in numerous cultures worldwide, although its significance and knowledge transmission require further study. The purpose of this systematic review of the literature was to describe the role of *Traditional Partería* internationally in providing health care to women and children, particularly within those communities lacking care via formal health care systems.

DISCUSSION

Traditional Partería plays a critical role in rural communities, especially in South America, where it provides answers to urgent health needs and constitutes a key component of their cultural identity.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

We propose that governmental policies in countries with unresolved health needs should pursue joint work between formal health practices and *Traditional Partería* as an effective way to address such needs. Future research must seek to gain a deeper insight into *Traditional Partería*, as several aspects about its origins, practices, mysticism, and knowledge transmission remain poorly understood.

EVIDENCE IF RELEVANT

We conducted a systematic literature review of academic publications about *Traditional Partería* in the last 22 years, including articles in Spanish, English, and Portuguese, indexed in PubMed, CINAHL, SciELO, MEDLINE, and Cochrane. After an exclusion process, 19 articles were classified, compared, and grouped to categorizes the current understanding of *Traditional Partería.* Ethical considerations, conceptual models, logical flow with the proposed aims, and bias reported in each study were all considered to identify the risk of bias of the analyzed publications by applying the PRISMA process. Four categories emerged from this literature review: *Traditional Partería* as an ancestral knowledge, *Traditional Partería* as destiny and spiritual calling, *Traditional Partería* as a women's heritage, and *Traditional Partería* as a means to provide care.

KEY MESSAGE

The art of Traditional Partería must be preserved internationally.

ICMBALI-0116 - Waterbirth: maternal and neonatal outcomes from 2014–2017 among midwifery clients in Alberta, Canada

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1 *Mount Royal University, School of Nursing and Midwifery, Calgary, Canada*

BACKGROUND

Waterbirth (WB), or giving birth to the baby under water, continues to be controversial in many parts of Canada, including Alberta. To provide transparency and answer concerns among the medical community, epidemiologists at the Alberta Perinatal Health Program (APHP) collected data submitted by Alberta midwives over a three year period, from 2014–2017 as part of a quality improvement initiative.

OBJECTIVES

1) Retrospectively evaluate outcomes among Alberta Registered Midwives' clients who desired WB, compared with "land births" (non-WB) of midwives and other care providers from 2014–2017.
2) Assist in health care management and planning.
3) Add to growing body of literature.

METHODS

Retrospective cohort comparison study of maternal and neonatal outcomes of WB (n = 1716) compared with non-WB (n = 21,300) among selected low risk maternal cohorts with spontaneous labour and vaginal birth in Alberta, Canada from 2014–2017. Anonymized client and patient records linked the APHP data with inpatient Discharge Abstract Database for newborn and/or maternal personal health Q5 number (PHN/ULI) analyzed using SPSS 19.0 software (IBM Corp., Armonk, NY) (Canadian Task Force Classification II-2).

RESULTS

The WB group had fewer and less severe perineal lacerations despite increased macrosomia. The non-WB group had increased maternal factors (age < 20 years, third- to fourth-degree perineal tears, excessive blood loss), neonatal factors (Apgar scores < 7 at 5 minutes and neonatal intensive care unit admission). No significant difference was identified between the birth groups for maternal age >35 years, primiparous status, maternal fever, maternal puerperal infection, maternal intensive care unit admission, low birth weight, neonatal resuscitation, and neonatal intensive care unit admission < 28 days of life.

CONCLUSIONS

A low-risk maternal cohort of WBs (n = 1716) managed by midwives had equivalent or improved maternal and neonatal outcomes compared with a low-risk maternal cohort of non-WB (n = 21,320) managed by midwives and other maternity providers.

KEY MESSAGE

Waterbirth is a safe alternative to landbirth among low-risk women who choose it.

ICMBALI-0803 - Does waterbirth affect the risk of perineal injury or other adverse outcomes in low risk women with physiological birth? Results from the Nordic Homebirth Study

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1 *University of Iceland, School of Health Sciences - Faculty of Nursing - Midwifery studies, Reykjavik, Iceland*
2 *Oslo University Hospital, Department of Gynaecology and Obstetrics, Oslo, Norway*
3 *Karolinska Institutet, Department of Women's and Children's Health, Stockholm, Sweden*
4 *Copenhagen University Hospital- Rigshospitalet, Clinic of Obstetrics, Copenhagen, Denmark*
5 *Oslo Metropolitan University, Faculty of Health Sciences- Midwifery studies, Oslo, Norway*

BACKGROUND

Waterbirth practice has become increasingly popular since the early 1980's and is considered consistent with the midwifery model of care. Immersion in water has known benefits, such as shortening the duration of labour and reducing pain. The effect of waterbirth on perineal injury remains unclear.

OBJECTIVES

To compare the risk of perineal injury in waterbirth and land birth among low risk women in four Nordic countries. Postpartum hemorrhage and 5-minute Apgar scores < 7 were secondary outcomes in the study.

METHODS

Prospective cohort study of 2875 women planning a homebirth in Denmark, Iceland, Norway, and Sweden in 2008–2013 who had a spontaneous vaginal birth without epidural analgesia or oxytocin augmentation. Descriptive and deductive statistics and logistic regression were used to analyse the data.

RESULTS

Of the study group 942 women had a waterbirth and 1933 gave birth on land. The groups were significantly different regarding residence, parity, age, previous obstetric history, birth position, and fetal presentation. Women who had a water birth had a lower rate of intact perineum and a higher rate of 1° and 2° perineal tears than did women who gave birth on land. The rates of episiotomies and obstetric anal sphincter injuries were low in both groups. No significant differences in postpartum hemorrhage or 5-minute Apgar < 7 were detected between.

CONCLUSIONS

The study adds to the existing body of knowledge on waterbirth and perineal injury. Women should be informed that although giving birth in water increased the risk of spontaneous perineal tears, the increase in risk was modest and the rates of more severe perineal injuries were low.

KEY MESSAGE

Women giving birth in water were more likely to have spontaneous 1° and 2° perineal tears. The rates of more severe perineal injuries were low.

ICMBALI-0925 - Water immersion in complex pregnancy and birth

K. Kara[1], *S. Miller*[2]

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2 *Otago Polytechnic, School of Midwifery, Dunedin, New Zealand*

BACKGROUND

In recent years, water immersion has increasingly been used by women within the midwifery setting as a strategy to manage the sensations of labour. Low-risk women who have used water immersion in labour generally express feelings of increased relaxation, support and control. Research has shown that being labelled 'high risk' can significantly impact both a woman's experience of her pregnancy and her opportunity for experiencing a physiological birth. Women have reported an increase in anxiety and a feeling that her normal childbearing journey has been interrupted and subsumed by medical monitoring and risk management.

OBJECTIVES

The aim of this research was to develop an understanding of the influences, facilitators and barriers for women who chose to use water immersion for labour and birth when they were labelled/identified as being clinically complex, as well as to explore their lived experience of using water immersion in labour.

METHODS

A qualitative descriptive approach, using semi-structured interviews was used to explore women's experiences of using water immersion during their labour and/or after having a 'high risk' pregnancy. Inductive thematic analysis was used to analyse participant data. The Midwifery Research and Ethics Committee at Otago Polytechnic granted ethics approval for this project.

RESULTS

Preliminary results indicate that women use water immersion to resist the medicalisation of their experience and to retain a sense of control and normality within their labour. This is often in response to their previous experiences of labour. Women have indicated that the use of water has supported relaxation and movement within their labour.

CONCLUSIONS

Women use water immersion in labour to optimise their opportunity for physiological birthing, often in response to previous medicalised births. Women speak highly of the supportive nature of water immersion as a strategy to manage labour.

KEY MESSAGE

Water immersion is a tool for optimising physiology in complex birth.

ICMBALI-1793 - Worried waters: learning about Legionella and water birth

C. Donovan-Batson[1]

1 *Midwives Alliance of North America, Director, Division of Health Policy and Advocacy, Port Angeles, USA*

PURPOSE

Many women choose to give labor and/or birth in a pool or tub. Cases of Legionella neonatal infection have been reported. The session discusses cases and offers ways to reduce the risk of waterbirth.

DISCUSSION

Outline: case presentation of Legionaires Disease; review of Legionaires Disease; pathology; history and incidence; presentation; case presentation of Legionella infection in neonate; review of risk of infection at water birth; incidence/reported infection; signs and symptoms in newborn; prevention of Legionella contamination; hypothetical cases; discussion and questions.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Describe signs, symptoms, and incidence of Legionaires disease. Discuss measures to reduce risk of Legionella when water birth is anticipated. Analyze cases presentations reflecting various risk factors.

EVIDENCE IF RELEVANT

A Comparison of Maternal and Neonatal Outcomes Between Water Immersion During Labor and Conventional Labor and Delivery Liu, Yinlin, et al. BMC Pregnancy and Childbirth 2014.

Legionaires Disease in UK baby triggers warning over some home birth pools. Wise, Jacqui. BMJ 2014.

Residential water heater temperature: 49 or 60 degrees Celsius? Benoît Lévesque. Canadian Journal of Infectious Diseases. 2004.

Fatal Legionellosis after Water Birth, Texas, USA, 2014 Freitschel, Elise et al. Emerging Infections Diseases 2015.

Addressing Legionella: Public Health Enemy No 1 in US Water Systems. Hubbs, Steve. Water Quality and Health Aug 2014.

KEY MESSAGE

While there have been case reports of legionella infection after waterbirth, the largest study to date on waterbirth found fewer negative outcomes and a reduced risk of hospitalization for waterborn neonates. Bovbjerg, M. JMWH 2016 Careful attention to infection control protocols offers sufficient protection; policies and procedures in place.

ICMBALI-0058 - "We couldn't talk to her" Experienced midwives barriers and facilitators to using language support services. A descriptive phenomenological study

L. Bridle[1], *S. Bassett*[2]

1 *Guys and St Thomas's NHS, Women's services, London, United Kingdom*
2 *Kings' College London, Nursing and Midwifery, London, United Kingdom*

BACKGROUND

The United Kingdom has a growing community of multi-ethnic families and London has over 300 spoken languages spoken.

Cramer (2017) conducted a systematic review exploring the impact of professional language interpreter services on midwifery care and concluded that professional interpreting services enhanced the relationship between the midwife and the woman, improved outcomes, and ensured safe practice. Recommendations were made for further research to explore midwives reluctance to use interpreting services. This is echoed by the National Institute for Health and Care Excellence (2010) who recommended that further research is needed to explore what training is needed and to explore different models of service provision to benchmark good practice for women who do not speak English.

OBJECTIVES

To discover which service midwives use for language support.

To explore what facilitators and/or barriers midwives encounter when supporting women who speak minimal or no English.

To explore what training (both pre-and post-registration) midwives currently have in regard to language support.

METHODS

The study adopted a descriptive phenomenological design as the aim was to understand and explore midwives lived experiences. 12 midwives were interviewed from two South London hospitals.

RESULTS

Four themes were generated from the interviews in relation to barriers and facilitators to using language support: 'continuity', 'tools', 'support' and 'planning'.

CONCLUSIONS

This descriptive phenomenological study found that although midwives interviewed are keen to support women with language barriers they are often prevented due to the; unavailability of equipment and resources, lack of continuity, inability to plan for the need and the lack of support for not only themselves but for the women new to the system and/or falling through the net.

KEY MESSAGE

Caseload model of care appears to be a protective factor due to the flexibility, relationship and continuum of support. Online resource with translated documents has been created.

ICMBALI-2141 - Process evaluation of the Operational Refugee and Migrant Maternal Approach (ORAMMA), in three different European primary healthcare settings

E. Sioti[1], E. Triantafillou[1], H. Soltani[2], F. Fair[2], M. van den Muijsenbergh[3], L. Raben[3], M. Jokinen[4], M. Iliadou[1], V. Vivilaki[1]

1 *University of West Attica, Midwifery Department, Egaleo, Greece*
2 *Sheffield Hallam University, Midwifery, Sheffield, United Kingdom*
3 *Radboud University Medical Center, Department of Primary and Community Care, Nijmegen, Netherlands*
4 *European Midwives Association, President, Brussels, Belgium*

BACKGROUND

ORAMMA was designed to inform an integrated perinatal care model sensitive to the needs of the migrant mothers and their families to reduce perinatal health inequalities.

OBJECTIVES

The programme was directed at the specific needs of migrant and refugee women and aimed at improving maternal lifestyle, infant care practices and psychosocial health during pregnancy and after delivery. It is a report of the assessment of an integrated perinatal care model addressed to the specific needs of migrant, asylum seeker and other refugee mothers in three different European primary healthcare settings.

METHODS

Our multiple case study was implemented in 3 different European countries; Greece, the Netherlands and United Kingdom. Participants (n = 72) were first generation pregnant migrants. Data were collected between February 2018 – February 2019 using mixed methods, including field notes, observation of group classes, attendance logs, semi-structured individual interviews, a focus group interview, and structured data collection forms.

RESULTS

For 41.6 % of women participating in the ORAMMA study the contact with the multidisciplinary team of the ORAMMA project was their first contact with an HCP during the current pregnancy. The midwifery- led continuity model was appreciated by mothers for the quality, stability and cultural appropriateness of the services it offered. The integration of the maternity peer supporters into midwifery practices was crucial, as stated by the majority of participants. Midwives also observed improvements of knowledge and self confidence amongst the participants. Additionally, cross- talking between services and professions contributed towards improved family outcomes and social integration.

CONCLUSIONS

Feasibility and acceptability of the model were all found to be good, representing a key intervention for knowledge transfer and scaling up in Europe and beyond.

KEY MESSAGE

Capacity building from Europe towards other continents should encompass quality training enriched by lessons in implementation pilots and strong focus on intercultural communication.

Room 10

CONCURRENT SESSION: REFUGEE / MIGRANT

ORAL PRESENTATION

ICMBALI-1306 - Experiences of care provision to asylum seeking and refugee women by midwives based in Berlin – Results from a qualitative study

A.S. Krautstengel[1]

1 Charité – Universitätsmedizin Berlin, Berlin School of Public Health, Berlin, Germany

PURPOSE

As a midwife and public health researcher, I aim to provide midwives from all around the world with the knowledge of how midwives in Germany, dealt with the significant influx of forced migrant women, including asylum seeking and refugee women, inquiring maternal care in Berlin. Practical and policy considerations will both be discussed.

DISCUSSION

In the summer of 2015 Germany became the target country for flows of forced migrants seeking sanctuary, arriving mostly from Syria, Turkey, Iraq and Afghanistan. The arrival of asylum seekers and refugees has impacted society as a whole but has had a particular effect on midwifery care provision, as forced migrant women are at particular risk of adverse maternal health outcomes. Based on qualitative data from an ongoing study that focuses on maternal care for refugee women: "Analysis of contextual and health service factors in pregnancy and obstetric care for refugees (PROREF)", I aim to give an idea of how midwives, specifically in the city of Berlin, responded to the influx of women needing care and want to illustrate the activities introduced by local authorities. I aim to provide information on the short-term response and what evolved from the initial response.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

As we witness a worldwide increase in numbers of people seeking refuge - from war, environmental or economic disasters – I think that it is of great interest to midwifery colleagues all over the world, to hear about a contextual example of how midwives can respond to such crisis to support women in need.

EVIDENCE IF RELEVANT

I will provide key statistics and studies as necessary to provide a solid background to this topic. Data collected in 2020 through qualitative interviews with midwives in Berlin, as part of the PROREF study mentioned above (https://www.ash-berlin.eu/forschung/forschungsprojekte-a-z/proref-ph-lens-teilprojekt/), provides the main evidence for this presentation.

KEY MESSAGE

How midwives will respond to a large number of refugees, will be a key component to many of our practices in the future. I aim to share knowledge and experiences of midwives in Berlin.

ICMBALI-2055 - Training healthcare professionals on perinatal care guidelines for refugees, migrants and asylum seekers

E. Triantafyllou[1], E. Sioti[1], M. Iliadou[1], E. Leontitsi[1], A. Deltsidou[1], A. Lykeridou[1], A. Sarantaki[1], P. Giaksi[1], V. Vivilaki[1]

1 University of West Attica, Midwifery, Athens, Greece

BACKGROUND

Global migration is at an all-time high with implications for perinatal health. These women are in a vulnerable condition especially during pregnancy and their access to health services must be developed to effectively serve their needs.

OBJECTIVES

This research reports on the effectiveness of the training of healthcare professionals in order to enhance the quality of perinatal care offered to these women, in line with the ORAMMA project's guidelines on cultural competence.

METHODS

47 healthcare professionals in Greece volunteered to engage in the ORAMMA project's training on culturally sensitive perinatal care. An evaluation questionnaire especially developed for the ORAMMA training on cultural sensitivity was completed pre and post training.

RESULTS

23 health care professionals completed the pre- as well as the post- training assessment questionnaires. The results indicated a notable increase in knowledge and self-perceived cultural competence whereas no improvement of the attitude or skills score was noticed.

CONCLUSIONS

Despite the restricted number of participants, this pilot analysis indicates enhancement on healthcare professionals' cultural competence awareness, which is the overall aim of the ORAMMA project in order to improve the quality of perinatal care offered to refugees.

KEY MESSAGE

Migrant women, especially asylum seekers and refugees, represent a particularly vulnerable group. Understanding the impact on the perinatal health of women and offspring is an important prerequisite to improving care and outcomes.

Wednesday, 23 June

Wednesday, 23 June, 01:00 PDT

Room 1 (INTERPRETATION)

PLENARY SESSION: MIDWIVES AND THE MEDIA: LEARNING FROM STORIES TOLD ABOUT MIDWIVES AND THE COMMUNITIES THEY CARE FOR

Midwives and the Media: Learning from stories told about midwives and the communities they care for

Sarah Austin
Janet Mbugua (Kenya)
Janet Jarman (Mexico)
Lynzy Billing (Afghanistan)

PANEL DISCUSSION

More than ever, midwives and their life-saving work are being acknowledged in media stories and at global events and conferences. This is a small but notable step toward a world where midwives are well-resourced, adequately compensated and the decision-makers of their own profession. To analyse and understand the growing momentum, this panel discussion will feature renowned journalists who've devoted their careers to covering maternal health and sexual and reproductive health issues. It will explore prominent industry stories from the past year and consider how storytelling can be used as a vehicle for change and policy reform.

Wednesday, 23 June, 02:30 PDT
Parallel sessions 10

PARTNER FUNDED SESSION: HOW CAN THE POSITIVE IMPACT OF FACE-TO-FACE, MULTIDISCIPLINARY, EMERGENCY OBSTETRIC AND NEWBORN CARE TRAINING BE MAINTAINED REMOTELY? SNAPSHOT FROM THE 50,000 HAPPY BIRTHDAYS PROJECT – AND BEYOND

How can the positive impact of face-to-face, multidisciplinary, emergency obstetric and newborn care training be maintained remotely? Snapshot from the 50,000 Happy Birthdays project – and beyond

Florence West (Netherlands)
Anna Af Ugglas (Norway)
Tachawet Zeleke (Ethiopia)
Angelique Mugirente (Rwanda)
Josephine Murekezi (Rwanda)
Lucy Mabada (United Republic of Tanzania)
Martha Bokosi (Malawi)
Angelique Uwineza (Rwanda)
Oliva Bazirete (Rwanda)
Augustin Nyamwasa (Rwanda)
Gaudiosa Tibaijuka (United Republic of Tanzania)
Meseret Zelalem (Ethiopia)
Fekadu Mazengia Alemu (Ethiopia)
Zenebe Akale (Ethiopia)
Alemnesh Reta (Norway)
Jenny Sandvik
Tore Laerdal (Norway)
Franka Cadée (Netherlands)

Sponsored by ICM/ LGH.

This 90 minute session will present examples of the maternal and newborn health (MNH) outcomes achieved by a project which supported Midwives' Associations to lead in-country emergency obstetric and newborn care skills training using the Helping Mothers and Babies Survive modules, and health facility-based practice sessions for MNH providers.

Previously recorded audio-visual material will be combined with story-telling commentary from the three countries participating in the 50,000 Happy Birthdays project – Ethiopia, Rwanda and Tanzania. The session will provide insight into how partnering with Midwives' Associations, Ministry of Health and local governments can be successful to scale-up interventions which improves the comptency and confidence of MNH providers and contribute to the reduction of maternal and newborn mortality.

This project was implemented pre-pandemic, which allowed opportunities for face-to-face training and skill development. Due to the Covid-19 pandemic, midwives and other MNH providers have limited access to continuing professional development. This session will discuss the innovations which are developed to provide skills training remotely and the role of international and national partners to support such initiatives.

ICMBALI-1350 - Continuity of care, financial stress, and midwifery wellbeing: a comparison of survey results from two Canadian provinces

L. Butska[1], *K. Stoll*[1]

1 *University of British Columbia, Midwifery, Vancouver, Canada*

BACKGROUND

There is a perception that providing continuity of care, while beneficial for mothers and babies, may negatively impact the wellbeing of midwives. Continuity-based midwifery care has been the norm for over 25 years in Canada, but its relationship to midwifery burnout in Canada is not well studied.

OBJECTIVES

To compare the wellbeing of midwives in two Canadian provinces where midwives practice continuity of midwifery care, identify stressors unique to each province, and examine how these may impact midwives' experiences of providing continuity of care and midwifery wellbeing.

METHODS

Canadian midwives in Alberta and British Columbia were invited to participate in the WHELM (work, health, and emotional lives of midwives) survey through invitations sent via email. The survey included emotional wellbeing scales such as the Copenhagen Burnout Inventory and the Depression, Anxiety and Stress Scale, as well as open-ended questions.

RESULTS

British Columbia midwives experienced higher levels of work burnout, stress, anxiety and depression than midwives in Alberta. One in three midwives in British Columbia replied it was unlikely they would be working in five years (vs one in ten in Alberta). British Columbia midwives cited "poor pay" 30 % of the time as a reason they had considered leaving midwifery, and explicitly related financial stress with their inability to find work life balance. No midwives from Alberta (0 %) reported poor pay and none commented on financial stressors.

CONCLUSIONS

The survey results for Alberta are in line with international findings that link wellness with providing continuity of care. But British Columbia midwives, who practice continuity of care and experience financial stressors, are at risk of psychological distress.

KEY MESSAGE

Financial stressors may negatively impact the way in which midwives experience providing continuity of care. Stable and fair compensation should accompany continuity of care models in order to ensure midwifery wellbeing and a sustainable model of care.

ICMBALI-0568 - One to one continuity of care reduces medicalization in the Netherlands: outcomes of caseload midwifery care

P. Offerhaus[1], S. Jans[2], M. Nieuwenhuijze[1], R. de Vries[1]

1 *Zuyd Faculty of Health, Midwifery education and studies Maastricht, Maastricht, Netherlands*
2 *TNO, Child Health, Leiden, Netherlands*

BACKGROUND

Routine maternity care in the Netherlands does not provide one-to-one continuity of midwifery care (caseload midwifery care). However, some midwives do offer continuity through caseload care, and some women specifically seek this care.

OBJECTIVES

This retrospective matched cohort study compares the results of caseload midwifery care with routine primary midwifery care in terms of maternal and perinatal outcomes, and referrals to secondary obstetric care.

METHODS

We used data from the Dutch Perinatal Registry of women who gave birth in 2015 and were in primary midwifery antenatal care. Caseload women (n = 657) were matched with three women in routine care, using parity, maternal age, background (Dutch or non-Dutch) and region. A comparison was made between this matched cohort (n = 1954) and the caseload cohort for referral rates, mode of birth and other maternal and perinatal outcomes.

RESULTS

In caseload midwifery care, 53.1 % of women were not referred, 24.2 % were referred antenatal and 22.8 % intrapartum to secondary obstetric care. In the matched cohort, 34.3 % were not referred, 37.4 % were referred antenatal and 28.3 % intrapartum. In caseload care, 84.0 % experienced a spontaneous vaginal birth versus 77.0 % in routine care. These patterns were similar for both nulliparous and multiparous women. We also observed fewer inductions of labour (13.2 % vs 21.0 %), more homebirths (39.4 % vs 16.1 %) and less maternal morbidity (PPH: 5.0 % vs 6.9 %; intact perineum: 41.3 % vs 28.2 %) in caseload care. The incidence of perinatal mortality was equally low.

CONCLUSIONS

Caseload midwifery care in the Netherlands results in fewer referrals to secondary obstetric care – both antenatal and intrapartum – and more spontaneous vaginal births compared to regular midwifery care, without compromising perinatal safety.

KEY MESSAGE

The challenge is to make caseload midwifery care available and affordable for more women in the Netherlands, and make it part of current quality improvement efforts in Dutch maternity care.

ICMBALI-1034 - A report on the design, delivery and evaluation of 50 workshops to aid a nationwide implementation of continuity of midwifery care

J. Harris[1], K. Watts[2], H. Rayment-Jones[3], J. Sandall[3]

1 *University College London, Centre for Nursing and Midwifery Research, London, United Kingdom*
2 *Kim Watts Consultancy Ltd, Nottingham, United Kingdom*
3 *King's College London, Department of Women and Children's Health, London, United Kingdom*

BACKGROUND

A two-day training workshop was co-designed with 25 experts to help the implement government policy for Midwifery-continuity-of-care models (MCoC). MCoC is a complex intervention that has some core components and some that can be adapted to local settings. This presentation aims to explore the evaluations and identified barriers to organisations delivering these changes as well as identifying future research questions.

OBJECTIVES

To explore the design and delivery process of a nationwide training package.

To explore the identified hopes and fears for staff members when considering this change.

To explore attendee's evaluations of the training.

METHODS

Each two-day workshop was delivered by an academic trainer, a caseload midwife and a manager. Workshop attendees were asked to identify 'aspirations' and 'apprehensions' at the start of the day. An anonymous evaluation was taken upon completion.

RESULTS

The co-design approach helped the materials to move away from an academic consideration of theory to the telling of stories and practical examples on how continuity could be successfully implemented. Fifty workshops were delivered to 998 participants. Apprehensions tended to be individual-midwife related and included fears of work life balance and staffing issues. Aspirations tended to be womens-satisfaction related and included reduction in safeguarding issues and provision of high-quality care. The majority of the apprehensions were resolved by the end of the workshops and they were evaluated very highly.

CONCLUSIONS

The workshops demonstrated that education, combined with opportunities to learn from others working in this model, is able to mitigate apprehensions towards moving into a MCoC model.

KEY MESSAGE

Despite the evidence of its benefits and the flexibility that MCoC offers, it does not immediately appeal to all Midwives. They require time and training to embrace changes in their working lives. Learning from stories and experiences help them consider this change.

ICMBALI-1093 - Implementation and impact of a continuity of midwifery care model for women at increased risk of preterm birth: findings from the POPPIE pilot trial

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BACKGROUND

Increasing continuity of midwife care has been identified as a key priority for maternity services in the United Kingdom. A Cochrane review found that women who receive care by one named midwife or a small group of midwives throughout pregnancy, birth and postnatal periods are 24 % less likely to experience a preterm birth.

OBJECTIVES

The POPPIE trial aimed to implement, test and evaluate a wraparound care pathway which combines midwife continuity of care with rapid referral to a specialist obstetric clinic throughout pregnancy through to the postpartum period for women who are at increased risk of PTB in South London.

METHODS

A pilot hybrid randomised controlled implementation trial recruited 334 pregnant women at increased risk of PTB to midwifery continuity of care or standard care between May 2017 and September 2018. Outcome collection and follow up was completed in May 2019. The composite primary outcome is the appropriate initiation of interventions related to the prevention and/or management of preterm labour and birth. Secondary outcomes are: recruitment and attrition rates; fidelity and acceptability to staff and women, health in pregnancy; complications; maternal and neonatal outcomes; and a mixed-methods process and implementation evaluation.

RESULTS

We will present main clinical and implementation outcomes, as well as describing logistical issues around developing collaborative complex organisational interventions and exploring potential theories of mechanisms of action.

KEY MESSAGE

This project allowed us to assess the feasibility, outcomes and quality of implementation of a continuity of midwife care model for women at high risk of preterm birth. It has helped us understand mechanisms of impact on maternal and neonatal health, women's experiences, and quality of care.

Room 3

WORKSHOP: HOW TO USE THE MIDWIFERY UNIT STANDARDS TO CO-PRODUCE A STRATEGIC IMPROVEMENT PLAN

ICMBALI-0661 - How to use the Midwifery Unit Standards to co-produce a strategic improvement plan

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BACKGROUND

Strong evidence has suggested that midwifery unit care for healthy women is associated with optimal maternal and perinatal outcomes, cost-effectiveness, positive service users and staff experiences. Despite the dissemination of research evidence and the publication of policy documents recommending the implementation and scaling up of midwifery units, change has been slow and women still have limited access to midwife-led care and choice of birthplace.

Midwifery Unit Network is an European community of Practice supporting Midwifery Units (MUs) across Europe aiming at facilitating change and supporting the shift towards considering MUs the normal primary care option for healthy women experiencing uncomplicated pregnancies. In 2018 the MUNet has launched the first European Midwifery Unit Standards in association with City, University of London and the European Midwifery Association.

The Standards document includes 27 standards under 10 themes that capture the evidence base, translating it into more practical guidance.

AIM OF THE WORKSHOP

To support participants in developing knowledge and skills in assessing their MU against the MU standards and co-produce a strategic improvement plan in partnership with stakeholders including service users, the interdisciplinary team and senior management.

LEARNING OBJECTIVES

By the end of this workshop participants will be able to:

1. Describe what the MU Standards are and their purpose.
2. Familiarize with the 10 themes and 27 standards.
3. Appreciate the importance of the principles of co-production.
4. Use the MU Standards document to co-produce an improvement plan.
5. Appreciate the importance of strategic thinking and planning.
6. Discuss the principles of successful implementation.

THE PROCESS/ACTIVITIES

This workshop will be interactive and focused on impact on practice/improvement of services.

PROGRAMME

Welcome and self-introductions Aims and learning objectives Participants' objectives 20'.
Introducing the MU Standards 15'.
Small group work: 10 groups for 10 themes 25'.
Groups presentation of their work and discussion 20'.
Taking home messages and conclusions 10'.

PARTICIPANTS' FEEDBACK

A feedback form will be collected at the end of the workshop focusing on impact in practice. A copy of the MU Standards will be provided during the workshop and participants will be invited to join the MUNet Facebook group online community of practice.

AUDIENCE PARTICIPATION

Midwives and other stakeholders interested in midwifery units/birth centres.

REFERENCES

Rocca-Ihenacho L., Batinelli, L., Thaels, E., Rayment, J., Newburn, M., McCourt, C. (2018) *Midwifery Unit Standards.* London: Midiwfery Unit Network and European Midwives Association.

SYMPOSIUM: INTERNATIONAL MIDWIFERY EDUCATORS: QUALITY COMPASSIONATE MATERNAL AND NEWBORN HEALTHCARE EDUCATION, MAKING PROFESSIONAL MIDWIFERY A REALITY IN INDIA

ICMBALI-1646 - International Midwifery Educators: quality compassionate maternal and newborn healthcare education, making professional midwifery a reality in India

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PURPOSE OF THE SYMPOSIUM

Train the trainers: quality compassionate maternal and newborn healthcare education, making professional midwifery a reality in India Symposium overview: Goal: To develop a cadre of ICM compliant midwifery educators for India, that are sufficiently competent *to train and be* professional midwifery practitioners There remains a global need to train professional midwives to help address the sustainable development goals, with midwifery care enhancing over 56 maternal and newborn outcomes[i]. India is focusing on developing and strengthening their professional midwifery workforce through the Fernandez Hospital Foundation (FHF), Hyderabad India, in partnership with the University of Central Lancashire (UCLan), England.

Professional Midwifery, with its woman-centred focus on respectfully caring for normal births, has been shown to be an integral part of comprehensive, quality maternal care. A country cadre of midwives, trained to international standards of competency and properly regulated, could provide care for as much as 87 % of essential newborn and maternal services (UNFPA) [ii]. A 2016 Cochrane review concluded "women who received midwife-led continuity models of care were less likely to experience intervention and more likely to be satisfied with their care"[iii].

Integrated care and official defined roles in midwifery have tremendous potential for positive change but are not available in public facilities in India. There is enormous opportunity for transformative change with the introduction of *true* professional midwifery for India. While some states had forms of midwifery training, this was not undertaken by internationally certified midwives and no systems were available to integrate and support Nurse-Midwives once trained. Competency, as per ICM standards, was also not assessed.

FHF, has pioneered an in-house midwifery program since 2011 with U.K midwives helping with the training of professional midwives, based on the ICM standards. They were then selected to train a select group of nurses through the 'Nurse Practitioner-Midwifery' course. The Telangana Government subsequently, in collaboration with UNICEF and FHF, initiated an 18-month residential Midwifery training for 30 nurses serving in public health sector. Midwifery has previously been part of the nursing curriculum, a challenge due to inadequate training. However, December 2018 saw a landmark in India's maternal health as the Government of India made a pivotal and historical decision to create a separate cadre of 'professional midwives'. They approached the FHF to initiate the training of midwifery educators for India, who will eventually serve as both practicing midwives and educators of future midwives.

As the country's prosperity increases, so does the focus on enhancing quality of healthcare. Access to quality maternity care continues to be a challenge across many parts of the country.[iv]

In India there is currently:

no training program that complies with the internationally recognized competencies and teaching duration for midwifery as set by the ICM, taught by professional midwives. no professional midwifery.

no job responsibilities delineated or approved roles and responsibilities – hence, no midwifery integrated care.

no guarantee that upon completion of training, they will be recognised as a professional midwife with a career trajectory.

a lack of exposure to midwifery practice, leading to a misunderstanding and mistrust among many HCPs resulting in a reluctance to accept the profession.

no systems in place for preceptorship, support or resources/systems for updating knowledge and skills in Midwifery.

no separate official certification or registration and no regulatory body to set standards and guidelines for midwives.

This innovative project is striving to address some of these challenges, as twelve UK midwifery educators train 60 Indian midwives to be trainers.

[i] Renfrew et al. Midwifery and quality care: findings from a new evidence-based informed framework for maternal and newborn care. Lancet (2014) ii UNFPA. State of the World's Midwifery – A Universal Pathway, A Woman's Right to Health. 2014. Iii Sandall J, et al. Midwife-led continuity models versus other models of care for childbearing women (Review). The Cochrane Collaboration. 2016. [iv] McDougall, et al. Maternal Health – An Executive Summary. The Lancet. September 2016. Pg 2.

1ST PRESENTATION
Fernandez: India context: background and rationale for the project

2ND PRESENTATION
Downe: Beginning the collaboration: with the focus on normal birth and compassionate women centred care

3RD PRESENTATION
Gomez: Preparing the UK midwives – development and initiation of the India Train the trainer curriculum

4TH PRESENTATION
Kaur: Implementation and dissemination across India and ongoing evaluation of the project

ICMBALI-0078 - Most people couldn't recognise that I'm pregnant, so that's a good thing. Pregnant women in English prisons – findings of a qualitative ethnographic study

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BACKGROUND

The UK has the highest incarceration rate in Western Europe, with pregnant women making up around 6 % of the female prison population.

OBJECTIVES

To examine the pregnant woman's encounter with the English prison estate and their experience of the associated conditions.

METHODS

Methodological approach: Qualitative ethnography.

Setting: Three English prisons, taking place during 2015–2016.

Participants: 28 female prisoners in England who were pregnant, or had recently given birth whilst imprisoned, ten members of staff.

Inclusion criteria: over 18 years old, English speaking and planning on continuing with the pregnancy.

Methods: Semi-structured interviews with women and staff, during ten months of non-participant observation.

Thematic analysis processes were developed from the initial stages using rudimentary analytical methods through to using the computer software package NVivo.

RESULTS

The main findings are divided into four broad concepts, namely: (a) 'institutional thoughtlessness', whereby prison life continues with little thought for those with unique physical needs, such as pregnant women; and (b) 'institutional ignominy' where the women experience 'shaming' as a result of institutional practices which entail their being displayed in public and characterised with institutional symbols of imprisonment. The study also reveals new information about the (c) coping strategies adopted by pregnant prisoners; and (d) elucidates how the women navigate the system to negotiate entitlements and seek information about their rights. Additionally, a new typology of prison officer has emerged from this study: the 'maternal' is a member of prison staff who accompanies pregnant, labouring women to hospital where the role of 'bed watch officer' can become that of a birth supporter.

CONCLUSIONS

The prison environment falls short in taking the normal physiology of pregnancy into account impacting upon suffering, making it challenging for women to meet their physical and emotional needs.

KEY MESSAGE

Breaches of pregnant women's rights and entitlements are being experienced in some English prisons on multiple levels.

ICMBALI-0150 - Caring for incarcerated women-midwifery practice inside the walls

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PURPOSE

Midwives should consider practice in this unique setting as it benefits women during and after incarceration.

DISCUSSION

The United States holds 5 % of the world's population but incarcerates 25 %. Many women are incarcerated in jails or prisons and will cycle in and out of incarceration, probation, parole and freedom. Approximately 60 % of incarcerated women are mothers. Most come from low-income settings. They carry traumatic histories of physical or sexual abuse, substance abuse, mental health diagnoses, gynecologic problems or chronic but often untreated or undertreated chronic health problems.

We have provided obstetric and gynecologic care to women in a regional jail for 14 years. Despite the many constraints associated with incarceration, we work within the midwifery model of care to meet the needs of women in this setting, with benefits and improvements for women and their families.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Midwives have always been creative in finding ways to care for women under duress. Working within the correctional system is no exception. Bringing midwifery students behind the walls as part of an educational program is challenging but rewarding in terms of medical knowledge, learning to work within system restrictions, and aiding development of empathy and recognition of social justice issues. The hallmarks of midwifery care are even more necessary and valuable for incarcerated women.

Educating the correctional staff has been important, as well.

KEY MESSAGE

Most midwives in the USA, (and elsewhere) will care for women who have been affected in some way by incarceration: their own, their parents', their children or partners. Understanding long-term equellae of incarceration, meeting concrete needs such as contraception prior to release, offering education and better understanding of common medical problems, and giving women a voice in decisions related to pregnancy, birth and care benefits this vulnerable population.

ICMBALI-1183 - Defining a mutual definition of vulnerable pregnant women: a Delphi study

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BACKGROUND

Vulnerability is a key issue in midwifery care worldwide, but there is no international definition for 'vulnerable pregnant women'. As starting point of our European project that aims to exchange knowledge and best practices concerning vulnerable pregnant women between midwifery practices and midwifery curricula in various European countries, it is important to define the target population.

OBJECTIVES

To develop a mutual definition of vulnerable pregnant women and identify factors related to vulnerability.

METHODS

A four-round Delphi study with midwifery teachers, researchers and midwives of participating European countries: round 1) gathering existing knowledge from literature and definitions used by partners of the consortium, 2/3) two survey rounds, presenting information of round one, asking participants to identify aspects related to vulnerability and rank the existing definitions and 4) consensus meeting with (sub)group discussion.

RESULTS

Response rates were 83 % (questionnaire I) and 82 % (questionnaire II). Consensus about the definition and aspects related to vulnerability was reached during the consensus meeting. The following definition was formulated: A vulnerable pregnant woman is a woman who is threatened by physical, psychological, cognitive and/or social risk factors in combination with lack of adequate support and/or adequate coping skills. Consensus was reached about the following aspects related to vulnerability: homeless/bad living situation, substance abuse, teenage pregnancies, low income/financial problems/poverty, domestic violence, psychopathology, lack of social support, low IQ/intellectual disability/learning disability, victim of sexual abuse, refugees, undocumented people, insufficient coping skills and health conditions affecting pregnancy.

CONCLUSIONS

A mutual definition for vulnerable pregnant women was established using a Delphi method. This is the starting point for further cooperation in a European consortium that aims to contribute to improving quality of care for vulnerable pregnant women.

KEY MESSAGE

In order to improve quality of care for vulnerable pregnant women by sharing best practices it is important to first identify the target population with a mutual definition.

ICMBALI-1533 - Towards an integrated perinatal care pathway for vulnerable mothers: the development and validation of quality indicators

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5 *Ghent University, Educational Department, Ghent, Belgium*
6 *European Midwives Association, c/o Belgian Midwives Association, Antwerp, Belgium*
7 *Vrije Universiteit Brussel, Department of Public Health- Biostatistics and Medical Informatics- Faculty of Medicine and Pharmacy, Brussels, Belgium*

BACKGROUND

Despite an increase in perinatal care pathways for vulnerable mothers, the underlying evidence is often limited. Well defined quality indicators (QI) can provide an evidence-based approach to assess and monitor pathways and improve quality of perinatal care for vulnerable mothers.

OBJECTIVES

To develop a set of QI for perinatal care for vulnerable mothers, validated by professionals and mothers.

METHODS

A systematic literature review was performed to identify critical care domains and potential QI. Quality of literature was assessed by using CASP-checklists and AGREE. The preliminary QI were evaluated on relevance and feasibility by the research team and by using the AIRE-instrument (STEP 1). An expert panel (health and social care professionals) assessed the QI in a modified 3-round Delphi-survey (STEP 2). Structured interviews with vulnerable mothers were performed for a final assessment of the QI-set (STEP 3). Ethical approval was obtained from the ethics committee of Brussels University Hospital.

RESULTS

A total of 13 articles, 4 guidelines, 9 reports and 6 screening instruments were selected and this resulted in a set of 49 potential QI in 5 critical care domains: access to healthcare, assessment and screening, informal support, formal support and continuity of care. After assessment by the expert panel (n = 40) and vulnerable mothers (n = 11), a final set of 22 QI was identified. Organisation of care must involve an integrated multidisciplinary approach that considers barriers and facilitates continuity of care. Qualitative care includes timely initiation with structured screening of vulnerability and risk assessment for all women. Vulnerable mothers benefit from intensive support that considers individual needs and strengths.

CONCLUSIONS

Implementing QI in existing and new care pathways offers an evidence-based approach that facilitates an integrated approach to promote a healthy start for mother and child.

KEY MESSAGE

QI might assist healthcare providers, organisations and governmental agencies to improve the quality of perinatal care for vulnerable mothers.

ICMBALI-1635 - Performance assessment of midwives trained through the accelerated midwifery training programme in Ethiopia

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BACKGROUND

The country has made a remarkable effort to address human resources for health crisis in the past decade, with a significant scale up of health workers including midwife accompanied with per-service and in-service trainings as a response to the dire need for competent professional midwives in Ethiopia.

OBJECTIVES

The objective of this study to assess the performance of the graduates trained through the Accelerated Midwifery Training Programme (AMTP) in the years 2012 to 2015.

METHODS

The assessment was conducted in 100 woredas in five regions used both qualitative and quantitative data. A total of 215 AMTP graduates were interviewed, 288 medical records of cases with obstetric complications were reviewed, and service registers of 97 health centers were examined. The maternal and neonatal health (MNH) service delivery environment was observed through the "clinical walkthrough" technique in 100 health centers. Data were analysed using SPSS-PC and Atlas-ti.

RESULTS

All stakeholders unanimously reported that the training has boosted the number of midwives in the country. Since the implementation of the AMTP, the majority of health centers (98 %) have two midwives, 48 % increase in institutional deliveries and other MNCH services, shows reduction in mean number of maternal (from mean 0.33 to 0.24) and perinatal deaths(2.6 to 2.2) per health center in the 12 months after the deployment of the AMTP graduates.

CONCLUSIONS

AMTP programme has increased access to skilled birth attendance and other sexual and reproductive health services though remain gap in the management of obstetric complications, long term contraceptives, management of abortion and other gynaecological problems. The work environment is more supportive after the deployment of AMTP graduates, but still there lack enough space, basic equipment and supplies and feedback mechanism on cases referred to hospital is not satisfactory.

KEY MESSAGE

AMTP program was contribute to increase access to skilled birth attendance and other sexual and reproductive health services.

ICMBALI-1046 - Academic credits for midwifery preceptorship programmes for newly qualified midwives – challenges, successes and lessons

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2 *University College London, Centre for Nursing and Midwifery Research, London, United Kingdom*

PURPOSE

The process of transitioning from student midwife to newly qualified and then to experienced practitioner is often noted to be difficult and challenging. Many hospitals within the UK setting enrol newly qualified midwives onto a 'preceptorship programme' to aid this transition; however, its purpose or effectiveness is little explored, and seems to do little to aid staff retention following the preceptorship programme. The programmes are often designed and maintained with great effort by the host hospitals and the new midwives.

To gain recognition for the time and effort put into the preceptorship a collaboration between University College London Hospitals and King's College London resulted in the design of an accredited preceptorship programme. This work-based-learning academic module enabled newly qualified Midwives to gain 30 masters levels credits for completing work they were already doing.

The purpose of this project was to (i) engage newly qualified midwives into the life-long learning required in midwifery (ii) to ensure high quality care was delivered by newly qualified midwives (iii) to encourage staff retention in a high attrition central London hospital (iv) to enrol staff into a masters pathway as soon as possible.

DISCUSSION

The project resulted in engaged and up-skilled staff. However, it also added an additional pressure to individuals during a period of transition. Some individuals struggled to write at the required academic level, creating difficulties for the individual, hospital managers and the university partner. Nether-the-less the project was deemed a success and will be repeated.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Accredited preceptorship programmes for newly qualified midwives can help with staff retentionsatisfaction alongside ensuring proficient skills.

KEY MESSAGE

Evidence based practice requires all midwives to commit to life long learning; encouraging this behaviour from the point of qualification can help with this.

ICMBALI-2072 - Midwifery and medical students improving communication: learning together to enhance care

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PURPOSE

Communication skills are often presumed elementary (1). Healthcare professionals should be expert communicators to enable respectful, safe care and effective multidisciplinary team working. Recent UK reports on substandard maternity care cited poor communication with women, families and between staff. Communication skills can be improved through collaborative, dynamic, innovative inter-professional education (IPE) using a safe, simulated environment for midwifery and medical students.

DISCUSSION

Advanced communication skills workshops are designed for 4th year medical and final year midwifery students. Sessions are co-facilitated by medical and midwifery lecturers. Experienced actors simulate consultation scenarios including domestic abuse, safeguarding, breaking bad news. Scenarios provide triggers for discussion about clear, respectful communication and enable development of accurate history-taking, sharing clear evidence-based information before advising regarding care and treatment. Students have opportunities to practice complex communication skills in a safe environment, receiving feedback from tutors, actors and peers. Evaluation is extremely positive. Students value simulation opportunities to practice communicating in complex, challenging scenarios which enables them to rehearse consultations safely. They focus on the value of IPE and different skills they learn from each other. Midwifery students have exposure to more clinical scenarios on placement before the workshops, so their experiences enhance the session. Medical students have more structured teaching on communication theory, which will be developed for midwifery students. Using actors provides a valuable method for introducing students to skills needed for working collaboratively.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

These IPE workshops give student midwives and doctors opportunities to develop and enhance their communication skills and lay the foundation for future teams that work better together to improve women's and families' experiences of care.

EVIDENCE IF RELEVANT

1. Pillay L & Smith L 2019 In: Myles Professional Studies for Midwifery Education & Practice (Chapter 3). London: Elsevier.

KEY MESSAGE

Innovative interprofessional workshops enhance development of clear, respectful communication, which is important to improve care for women.

ICMBALI-1895 - FAME: a tool to assess evidenced based midwifery competencies in midwifery students and in post academic education

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DESCRIPTION OF RESEARCH OR INNOVATION

Fresno is a validated tool to measure evidence based medicine (EBM) competencies (ASK scientific questions, ACQUIRE and APPRAISE the literature). We adapted this tool into a suitable instrument for assessing EBM competencies in student midwives or midwives at Bachelor of Science level: the Fresno Adapted for Midwifery Education (FAME). The FAME presents a clinical situation, followed by 11 open ended and two dichotomous questions on three domains of EBM competencies (ASK: 1; ACQUIRE:2; APPRAISE: 8). A rubric for correct answers completes the FAME. FAME was tested on registered midwives and is now piloted in the final assessments in the midwifery curriculum 2019, and as an evaluation tool for a newly developed post academic short course.

SIGNIFICANCE TO MIDWIFERY

EBM competencies are important for midwives to provide optimal quality of care and in the development of care pathways with other professionals. Evaluating competencies with FAME may support students and midwives in assessing educational needs.

ICMBALI-0366 - How to evaluate midwifery continuity of carer: lessons from a developing national scheme

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3 *NHS Tayside, Women and Child Health, Dundee, United Kingdom*
4 *Scottish Government, Chief Nursing Office's Directorate & Directorate for Children and Families, Edinburgh, United Kingdom*

PURPOSE

To develop a set of tools and associated guidance within an overarching implementation framework to support and monitor implementation of midwifery continuity of carer. In consultation with key stakeholders, we developed a simple and easy to complete data collection form which allows different aspects of continuity to be evaluated. This includes itemising the woman's contacts with her primary midwife, a buddy midwife, and other midwives, which allows current and future targets to be assessed. We also developed a brief questionnaire for mothers, to triangulate results and prioritise the woman's voice. Following initial testing, our form will be incorporated into the national electronic record.

DISCUSSION

We will discuss the essentials of measuring continuity, including the proportion of appointments with a named provider and the range of staff involved in care. We will consider how to incorporate essential qualitative information while also minimising the data collection burden for midwives. We will examine strategies to maximise continuity, and review the challenges and benefits of an iterative co-production of definitions, measures and targets.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Continuity schemes are being adopted across the world, and vary according to local circumstances. Different measures of continuity exist, but inconsistent application and understandings creates confusion. Evaluations should produce data that are comparable with evaluations elsewhere. Measuring whether numerical process targets are met should be accompanied by an outcomes assessment which includes qualitative appraisal.

EVIDENCE IF RELEVANT

Continuity of midwifery carer throughout the pregnancy-childbirth-postpartum continuum contributes to better outcomes. Despite longstanding availability of evidence, large scale implementation has been challenging. In Scotland, The Best Start strategy represents the first national policy in the world for countrywide implementation of midwifery continuity of carer.

KEY MESSAGE

Continuity improves outcomes, but must be measured consistently if important lessons are to be learned and shared. Continuity is not an end in itself: process evaluations must be accompanied by sensitive outcomes evaluations.

ICMBALI-0404 - The constraints of reality actor-network theory and midwifery research

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BACKGROUND

Qualitative research in childbirth and midwifery is often hampered by a focus on people's perceptions, accounts of their experiences and discourses, neglecting the massive material effects that the body, technology and environment have of childbirth and midwifery practice. *Actor–network theory* (ANT) is a theoretical and methodological approach to social *theory* where everything in the social and natural worlds exists within *networks* of relationships that are constantly shifting and re-configuring.

OBJECTIVES

In this presentation we will demonstrate how ANT was engaged within two research contexts in order to explore relational aspects that may have been overlooked using more conventional theoretical approaches and that may have a significant bearing on outcomes.

METHODS

The application of ANT focuses on actors/actants and processes in ANT as heterogeneous, inclusive of individual as well as collectives of humans; non-human artifacts such as technology, documents, objects, architecture; and intangible elements such as cultural concepts and institutional arrangements.

Both of these projects have ethical approval from Ara Institution Research Ethics Committee.

RESULTS

The first example demonstrates how ANT was employed as a tool to explore the historical milieu of midwifery. By using ANT as an alternative to the power and feminist theories that are often turned to for analytical purpose within the historic context, a number of new insights were obtained.

In the second example, ANT was used in a study on waterbirth. It focussed on the how the birth pool and immersion in warm water affects all the different dimensions of woman's birth experiences: physiologically, emotionally and spiritually and how waterbirth mediates the relationships between all those who are present in the birthing space.

CONCLUSIONS

These projects demonstrate that what goes on in the world shapes it, and not the other way round.

KEY MESSAGE

This theoretical framework has great potential for research in midwifery globally and this presentation will illustrate its value.

ICMBALI-0937 - Client involvement in maternity care research

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BACKGROUND

The importance of involving patients in all stages of research is increasingly being emphasized as it has many advantages in terms of the relevance and applicability of research. Current literature on client participation is mainly focused on the involvement of patients with (chronic) illnesses. In the field of maternity care research, little is known about how client involvement can be effectively implemented in research projects. As pregnancy and childbirth are significant life events in which care provision plays a crucial role, clients voices need to be included while designing, conducting and disseminating maternity care research.

OBJECTIVES

This paper provides insight in how client involvement in research on pregnancy and childbirth related topics can be organized.

METHODS

Two examples of client involvement in maternity care research projects from Canada and the Netherlands are described in an exploratory study. The study focuses on the organization and best practices of client involvement in maternity care research.

RESULTS

In Canada, the Birth Place Lab uses a participatory community led approach to identify research questions and priorities, and effective knowledge translation, in Canada and the US. In the Netherlands, the department of Midwifery Science set up a program called the Childbirth Network that aims to bring academics, practice and clients together to set up research projects relevant to the community.

CONCLUSIONS

Both examples show how client involvement in maternity care research can be organized. The organization of client involvements needs time and careful planning in order to be successful.

KEY MESSAGE

Client involvement in maternity care research is important for determining research priorities and pragmatic strategies for implementation.

ICMBALI-1699 - Developing an evidence-based toolkit to support practice assessment in midwifery

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BACKGROUND

Since 2009, midwifery practice assessment in the United Kingdom has included grading of practice as a statutory requirement (NMC, 2009). A group representing Lead Midwives for Education has undertaken a three-phase research project, culminating in development of a toolkit for midwifery educators to use when devising midwifery practice assessment documents (MPADs).

OBJECTIVES

This paper will present a toolkit of level specific rubrics, lexicons and scenarios for midwifery educators to use when developing MPADs. Using a standardised toolkit has the potential to improve consistency in practice assessment documentation internationally (Donaldson and Gray, 2012).

METHODS

Phase one of the research was to scope all MPADs in use across the UK (Fisher et al, 2017a). Phase two was to identify core principles to be used when developing grading practice criteria (Fisher et al, 2017b). Phase three was the development of the toolkit (Fisher et al, 2019a). Ethical approval was gained through the University of Plymouth.

RESULTS

Practice assessment documents representing 37 universities were collated and key words from grading rubrics were extracted. Using frequency of word counts, sets of lexicons were developed to reflect level descriptors, and 'Wordles' (Feinberg, 2014) provided visual representation. Hypothetical grading scenarios were used to test the rubrics for validity and reliability via a national survey involving midwifery and nursing participants.

CONCLUSIONS

The toolkit comprises a set of lexicons and level specific rubrics and scenarios that can be used within MPADs to grade midwifery practice. This is available on-line for midwifery and other healthcare educators to use when developing new practice assessment documents (Fisher et al, 2019b).

KEY MESSAGE

Practice assessment criteria that are evidence based and have been tested for validity and reliability will improve standardisation of MPADs and increase confidence in the process and principles of midwifery practice assessment.

ICMBALI-1837 - Birth stories of Trinidad and Tobago: using stories to precipitate change

T. Kremer[1]

1 *Fulbright Arts Research Grant 2018, Calabasas, USA*

PURPOSE

Birth Stories of Trinidad and Tobago is a storytelling project with the aim of advocating for better birth conditions and expanding awareness of women's care options in TT.

DISCUSSION

The presentation will include a discussion of the purpose of the project and the research methodology followed by a mash-up of videos of women and their midwives telling their stories. It will close with a discussion about how to get materials in front of the public and decision makers, leveraging stories as precipitants of change. Videos are available at facebook.com/birthstoriestt. Additional videos are forthcoming and a related short film is currently being submitted to film festivals.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

This project looks at the experiential side of midwifery in and out of the hospital setting. Home birth became a major focus. Each pupil midwife currently must complete three home births in order to get certified. These births are done at no cost to the family. However, most families do not know that this option exists and the policy itself is periodically threatened. The stories of mothers explaining how their home birth experience differs from their hospital experience consistently elicits excitement and disbelief that the service is available. Sade spoke about how in the hospital she was forced to sit up in a chair after delivery because there were no beds available, while at home she was free to move about. Pupil midwife Ingrid described how home births built her confidence, serving as the only opportunity she had in her training to function outside of a doctor's perview (with supervision from a certified midwife).

KEY MESSAGE

Documenting and publicizing birth stories is a powerful way to expand access to more diverse birth options, generate more awareness about challenges and opportunities during labor and delivery, and advocate for midwives' independent practice in and out of hospital settings.

ICMBALI-0981 - Babies just popping out all over the place: birth narratives and agency

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1 *College of Human and Health Sciences- Swansea University, Department of Interprofessional Health Studies, Swansea, United Kingdom*

BACKGROUND

Birth narratives constitute a source of meaning-making and symbolically affect women's preconceptions of childbearing.

OBJECTIVES

To identify representation of women and midwives in publicly broadcast television shows on 'birth' and their potential impact.

METHODS

Narrative frames and the Doucet and Mauthner Listening Guide were used to analyse visual narratives from a sample of UK television 'reality' shows.

Sample: 17 episodes of 'Midwives' (BBC) and One Born Every Minute (C$). A purposive, convenience sample with the following criteria: Full episode available for viewing online. No more than three episodes from any 1 series (to avoid situational bias).

Reading 1: Relational and Reflexively Constituted Narratives Central Story Lines.

Reading 2: Tracing Narrated Subjects.

Reading 3: Reading for Relational Narrated Subjects.

Reading 4: Reading for Structured Subjects.

RESULTS

Reading 1: Represent a limited and at times potentially skewed story of birth which adhere to standard, sensationalised central story lines. Reading 2: Midwives' I stories and We stories evident; husbands' perspectives strongly represented. Frequently women narrated their stories in terms of those around them rather than exploring a sense of self. Reading 3: The narrative framing reinforces the obliteration of the woman's agency and voice. The representation of midwives as a coherent group sets the woman as outsider. Reading 4: Themes: Representations of Pain; Representations of Power;Representations of Control and Agency.

CONCLUSIONS

Narratives co-construct 'reality' through the representation of a limited vision of birth controlled by patriarchal institutions of medicine/midwifery: women are allocated a subordinate role consistent with risk, need and the need to be 'rescued'. The widespread consumption of such narratives reinforces a culture of medicalised birth undermining women's rights in birth. Challenging dominant narrative tropes requires rewriting birth as a matricentric and social experience rather than a medical event.

KEY MESSAGE

Televised birth narratives may represent a medicalised view of birth, limiting the voice and rights of women and partners.

ICMBALI-0872 - The coming of age of the traditional birth attendant in remote Papua New Guinea

S. David[1]

1 *Living Child Inc, Midwifery, Perth, Australia*

PURPOSE

Sara will share how she engaged with women in rural villages of Papua New Guinea, to earn their trust and respect, and how she empowered the Traditional Birth Attendants to earn the trust and respect of their communities again after so many years of losing mothers in childbirth. Teaching specific evidence-based skills to this mostly illiterate group of women has seen them grow in confidence and status as they save lives. Sara's experiences will encourage other midwives who work in rural, resource-poor settings, that women-centred care is the gold standard and investing in TBA training programs will lead to stronger and sustainable health services in the future as the service is built on a foundation of trust.

DISCUSSION

Funding for and promotion of Traditional Birth Attendant [TBA] training programs has been discouraged in Papua New Guinea since 1994 when the world's leading health organisations made a joint statement saying that efforts need to be in training skilled birth attendants and encouraging women to birth in health facilities. This policy has had a devastating effect on women in rural areas where 80 % of the population resides. PNG is one of the few countries where the Maternal Mortality Rate [MMR] has continued to rise despite the emergence of the Millennium Development Goals. Currently the MMR is estimated to be 730:100 000 and even higher in some remote areas. In 2012, midwife Sara David, was invited by male leaders to a village in East Sepik Province to provide training to TBAs because of the high death rate of mothers in their communities. There were no government health facilities operational in this rural area and the nearest hospital where midwifery care could be received was a day's travel away.

KEY MESSAGE

Midwives must support and educate TBAs to save lives in rural areas.

ICMBALI-1174 - Sharing stories: constructing knowledge, language and meanings

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PURPOSE

To understand the value of experiential knowledge constructed by sharing birth stories with other midwives.

It is the time to revisit the value and importance of sharing stories for midwives and to claim its appropriation.

DISCUSSION

Most of the time the dominant knowledge and language used to talk about childbirth is the biomedical and scientific one, carrying the metaphors about women's bodies and medical beliefs about childbirth. Moreover, the context of bureaucracy and the pressure of efficiency midwives are asked to use a ritualized form to talk about what happened at births: doing a report with simple facts, timing of interventions and results, focusing mostly on cases of complications.

Yet we have to remember that telling stories is a traditional and honored women's way of knowing. It has an epistemological value of knowing from women and from each others. Sharing story creates a shared experience where we can interpret the event beyond its immediacy because narratives are bringing meanings, values and consciousness. It can also participate to the creation of a midwife's language, reflecting its unique "gaze" on the world of women and birth.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Taking time to share birth stories we were immersed in has a great potential for midwives: expanding and deepening the knowledge about normal birth, valuing the processes vs results, develop tools for reflective practice and participate to the construction of a genuine midwifery knowledge and language. It is a valuable contribution to the midwifery paradigm.

EVIDENCE IF RELEVANT

Baker, A., & Greene, E. (1988). *Storytelling: art and technique.* New York: Bowker.

Kirkham, M., & Perkins, E. R. (1997). *Reflections on midwifery.* London: Baillière Tindall.

McHugh, N. (2001). Story telling and its influence in passing birth culture through the generations. *Midwifery Matters, 89*, 15–17.

KEY MESSAGE

Sharing stories has a strong potential to contribute to the deepening of the midwife's paradigm.

ICMBALI-0304 - The frequency of intrapartum caesarean section use with the WHO partograph versus Zhang's guideline in the Labour Progression Study (LaPS): a multicentre, cluster-randomised controlled trial

S. Bernitz[1]

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BACKGROUND

There is an ongoing debate concerning which guidelines are most beneficial for assessing labour progression, to prevent intrapartum caesarean section (ICS). The WHO partograph has been used for decades with the assumption of a linear labour progression; however, in 2010, Zhang introduced a new guideline suggesting a more dynamic progression.

OBJECTIVES

To investigate whether the rate of ICS differed when adhering to Zhang's guideline for labor progression compared to the WHO partograph for women i n TGCS group I.

METHODS

Multicentre, cluster-randomised controlled trial in Norway. Participants were nulliparous with a singleton, full-term fetus with cephalic presentation, who entered spontaneous active labour. Units were treated as clusters, and women treated within these clusters were all given the same treatment. We stratified clusters by size and number of previous caesareans. The clusters were randomly assigned (1:1) to the WHO group, or to Zhang's group. The randomisation was computer-generated.

RESULTS

7277 women were included in the analysis. 3305 (45·4 %) in WHO group and 3972 (54·6 %) in the Zhang group. Before the start of the trial, ICS was used in 9·5 % in the WHO group and in 9·3 % in the Zhang group. During our trial, there were 196 (5·9 %) ICS deliveries in women in the WHO group and 271 (6·8 %) ICS deliveries in women in the Zhang group, and the frequency of ICS use did not differ between the groups (adjusted relative risk 1·17, 95 % CI 0·98–1·40; p=0·08; adjusted risk difference 1·00 %, 95 % CI –0·1 to 2·1).

CONCLUSIONS

We did not find any significant difference in the frequency of ICS use between the WHO group and the Zhang group. The overall decrease in ICS use might be explained by the close focus on assessing labour progression more than use of the guidelines.

KEY MESSAGE

Close focus on assessing labour progression might be of more importance than the guideline.

ICMBALI-1191 - Addressing gaps in cesarean section safety and quality in low resource settings: recommendations from a global consultation

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1 *EngenderHealth, Fistula Care Plus Project, Washington, USA*
2 *Independent consultant/Formerly Harvard T.H. Chan School of Public Health, Maternal Health Task Force, Boston, USA*

PURPOSE

Cesarean section (CS) rates have increased dramatically in low/middle-income countries (LMIC) [1]. While this includes needed growth in emergency obstetric and newborn care, evidence indicates that many CS are performed in unsafe settings [1]. Iatrogenic fistula from CS now accounts for a substantial proportion of cases [2]. The USAID-funded, EngenderHealth-led Fistula Care *Plus* (FC+) project and Maternal Health Task Force convened a consultation to review trends in LMIC CS provision, understand contributors to unsafe environments for CS, and identify key actions to ensure CS safety and quality. Participants discussed flashpoints in safety and quality (e.g., workforce density, clinical decision-making, and patient rights) and prioritized actions to respond to these challenges [3].

DISCUSSION

The consultation documented many-fold increases in the volume of CS in numerous LMIC with no commensurate increase in health system capacity. Facilities providing CS experience severe gaps (e.g., staffing, protocols) undermining care quality and surgical safety, and contributing to public health impacts of CS overuse. Participants identified a consensus action agenda, including the vital role of midwifery-led labor management. Key actions include: collaboration across maternal health/safe surgery communities; strengthening the surgical/anesthesia/obstetric workforce; establishing evidence-based guidelines for labor management and CS decision making; and increasing demand for quality maternity care without over-intervention.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

As the volume of obstetric surgery expands, outcomes like iatrogenic fistula should not become 'normalized.' While maternal mortality has declined, the scope and severity of maternal morbidity have not received adequate attention. Concrete solutions can be enacted, but require supportive policies and health systems contexts for midwife-led maternity care.

EVIDENCE IF RELEVANT

1. https://fistulacare.org/wp-fcp/wp-content/uploads/2015/10/LSHTM-report_Nov-8_final_for-web.pdf
2. https://fistulacare.org/wp-fcp/wp-content/uploads/2015/10/Iatrogenic-fistula-technical-brief_2016-1.pdf
3. https://fistulacare.org/wp-fcp/wp-content/uploads/2018/04/Report-of-Cesarean-Section-Technical-Consultation_July-2017.pdf

KEY MESSAGE

The potential impact of universal access to essential obstetric surgery is enormous, yet such surgery is contributing to preventable morbidity. The action agenda developed through this consultation requires dissemination and innovative implementation by a wide range of partners through the leadership of the midwifery community.

ICMBALI-2117 - A needs assessment in antenatal education on caesarean birth in Japan – a cross-sectional study

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2 *Hiroo Ladies, Tokyo, Japan*

BACKGROUND

Worldwide, the caesarean section (CS) rate has been increasing. Clinical guidelines in several countries recommend the provision of evidence-based information about CS (e.g.,indications,the procedure,associated risks and benefits)to pregnant women to reduce unnecessary CS. No clinical guidelines on antenatal education of CS exist in Japan,where CS is implemented by a clinician's decision and not a woman's choice. Cultural beliefs that information about any childbirth-related risks increases women's fear hinders clinicians from providing information about CS to women;however,with increased evidence that the experience of unprepared CS increases the risk of physical and psychological problems of women,providing antenatal education of CS is crucial.

OBJECTIVES

This study aimed to assess the knowledge,attitude,and practice of pregnant women concerning CS information and education in Japan.

METHODS

We performed a cross-sectional study of 599 pregnant women who received antenatal care in a Tokyo maternity clinic. We used a self-reported questionnaire to collect relevant data. Descriptive frequencies were calculated. We obtained ethics approval from Kyoto University Graduate School of Medicine.

RESULTS

A total of 65 % of women perceived CS as being less common than the reality or had no idea about the rate. A substantial number of women did not have knowledge of when and why caesarean sections are carried out (57.5 % and 12 %,respectively). While almost all the pregnant women wanted to learn more about CS,only 30 % reported that they actually received information/education on CS from clinicians. Women often collected information from Internet,books,and friends.

CONCLUSIONS

Japanese women need more antenatal education/information on CS. Further studies are urgently required to fill this gap and facilitate the development of clinical guidelines regarding antenatal education on CS to improve maternal outcomes while considering the culture and content of the maternal health care system in Japan.

KEY MESSAGE

Antennal education is not widely impremented in Japan. Japanese women need more antenatal education/information on CS to improve maternal outcomes.

Room 10

ICM WORKSHOP: IMPROVING INCOME GENERATION CAPACITY OF MIDWIVES ASSOCIATIONS WITH FOCUS ON MEMBERSHIP AND FUNDRAISING

Improving income generation capacity of Midwives Associations with focus on membership and fundraising

Charlotte Renard (Netherlands)
Shree Mandke (United Kingdom)
Sharmin Shobnom Joya (Bangladesh)
Asma Khatun (Bangladesh)
Wakjira Wega (Ethiopia)
Annie Hortense Atchoumi (Cameroon)
Emmanuel Mahlangu (Zimbabwe)
Fatima Ezzahra Aayne-Alhayat (Saudi Arabia)

OBJECTIVE OF THE WORKSHOP

is to provide participants with an introduction to practical income generation tools and techniques using the new ICM MA Financial Strengthening Module so that they are able to use them to increase sources of income for their Association.

LEARNING OUTCOME

Evidence demonstrates that midwives save lives when they are well educated, regulated and supported through a strong professional association. As per the responses in the ICM Member Needs and Expectations Survey 2019, one of the most prominent challenges faced by the Member Associations is lack of financial resources. Indeed, 55 % of the responses highlighted financial difficulties and 48 % highlighted that their members do not pay their membership fees. During the workshop, the participants will:

- Have an opportunity to reflect on their existing sources of and capacity to generate income;
- Share their insights and learn from other Associations and be introduced to some income generation techniques to improve financial sustainability;
- Identify what steps they may need to take to increase and sustainably strengthen their income generation activities;

THE PROCESS/ACTIVITIES

The format of the workshop will be participatory with a series of guided exercises and group work to meaningfully engage the audience throughout the workshop. The workshop will be roughly divided in three parts, each of approximately 30 minutes:

1st part: Setting the scene: Get to know my Association: the first part will provide participants an opportunity to reflect on the context within which they are working and reflect on strengths and weaknesses of their Association

2nd part: Participants will be introduced to the ICM Midwives' Association Financial Strengthening Module followed by a Q&A on about the module.

3rd part: In the 3rd part, ICM will invite some Member Associations, that participated in case studies for the Module, to share real life example of successful income generation activities.

AUDIENCE PARTICIPATION

Staff/volunteers/leadership of Member Associations responsible for fundraising and or membership scheme. Member Associations who need to develop and strengthen their income.

REFERENCES

Module on Member Associations Financial Strengthening with a focus on membership fees.

Wednesday, 23 June, 04:30 PDT
Parallel sessions 11

Data, Advocacy & Midwives: How to Follow the Data for Effective Advocacy – Part 1

Ony Anukem (United Kingdom)
Faridah Luyiga (Uganda)

Rationale: 2021–2023 Strategic Priority 3 is 'Foster a movement for midwifery, enabling and strengthening partnerships, advocacy, and communications for midwifery, with women's voices at the centre'.

OBJECTIVES

- Midwives will gain an understanding of what advocacy is and why it is important for midwives to advocate for themselves and those they care for.
- Midwives will learn how to develop SMART advocacy objectives for strategic advocacy.
- Midwives will gain or strengthen an understanding of how data supports advocacy.
- Midwives will be introduced to the key messages and advocacy issues of the SoWMy 2021 report.
- Midwives will learn how their associations can leverage the SoWMy 2021 report for effective advocacy.

OVERVIEW

What is data? What is advocacy? How can midwives use data in their advocacy efforts to showcase impact and bring about small and large-scale sustained change? If these questions caught your interest, make sure you join us at the 'Data, Advocacy & Midwives' interactive workshop. Advocacy means different things in different contexts, but one thing remains the same: midwives' voices are compelling when it comes to calling for action for women, newborns and our profession. While we know that data can support our advocacy, it is not always easy to understand how to find and use it in the most powerful way. Continuing the theme of International Day of the Midwife 2021 – Follow the data, invest in midwives and leveraging new SoWMy 2021 data on the impact of midwives this 2-part workshop has been designed to provide you with the skills needed to advocate for increased investment in midwife-led care in your country. The workshop facilitators will share tailored guidance to support midwives and midwives associations in their regional advocacy efforts and provide take-home tools to ensure learning continues beyond Congress.

This session will need to run in one time block as it will be live and we would ideally like delegates who pre-register to be able to attend both sessions. The workshop will be recorded and eecordings of the sessions will be made available to all other delegates to view in their own time.

The first workshop will focus on building an understanding of advocacy in the context of midwifery.

ICMBALI-0244 - The AEDUCATE collaboration. Protocol for a large prospective meta-analysis of independent antenatal education using non-pharmacological pain relief techniques for reducing caesarean section

K. Levett[1,2], K. Sutcliffe[1], S. Lord[1], J. Fleet[3], H. Dahlen[4], C. Smith[2], L. Askie[5]

1 *University of Notre Dame, Australia, School of Medicine Sydney, Sydney, Australia*
2 *Western Sydney University, NICM Health Research Institute, Westmead, Australia*
3 *University of South Australia, School of Nursing and Midwifery, Adelaide, Australia*
4 *Western Sydney University, School of Nursing and Midwifery, Parramatta, Australia*
5 *University of Sydney, NHMRC Clinical Trials Centre, Camperdown, Australia*

BACKGROUND

Current models of antenatal education demonstrate little change in obstetric outcomes. A relatively small trial of a childbirth education (CBE) program, using non-pharmacological pain relief techniques, was effective in decreasing intervention rates, including epidural rates and caesarean section (CS). However, is it effective for a broader population and in different settings, and do participant or hospital characteristics modify the effectiveness of CBE programs?

OBJECTIVES

To conduct a large prospective meta-analysis (PMA) to determine if different trials of CBE are effective in reducing rates of CS in a large and diverse population of women, and if patient or hospital characteristics modify the effectiveness of these programs.

METHODS

The AEDUCATE (Antenatal EDUCation using IntegrAtive ThErapies) Collaboration, aims to recruit 2,000 women through multiple prospective studies of independent CBE. Each trial is conducted independently but shares a core protocol and contributes data to the PMA. The intervention consists of trials of independent CBE plus usual hospital-based care compared with usual care alone, with the primary outcome of caesarean section. A subgroup analysis will examine factors such as; parity, models of care, maternal risk status, maternal education, maternal socio-economic status, number of components included in intervention.

RESULTS

Two trials of CBE have been funded and are currently recruiting. New sites interested in evaluating independent CBE are invited to participate.

CONCLUSIONS

CBE programs embedded into standard antenatal care offer a unique opportunity to educate women about the benefits of physiological birth and introduce non-pharmacological pain relief techniques to reduce rates of medical interventions. However, we require sufficiently large datasets to detect factors that influence effectiveness. The AEDUCATE collaboration is a powerful method to accomplish this aim.

KEY MESSAGE

This novel PMA design allows for independent investigation and a method of collaborative data sharing. This is timely given the global concern regarding rising rates of medical intervention, including CS, in normal childbirth.

ICMBALI-0548 - Maternity service organisational interventions that aim to reduce caesarean section: a systematic review and meta-analyses

A. Chapman[1], C. Nagle[2], D. Bick[3], R. Lindberg[1], B. Kent[4], J. Calache[1], A. Hutchinson[1]

1 *Deakin University, Centre for Quality and Patient Safety Research, Burwood, Australia*
2 *James Cook University, Centre for Nursing and Midwifery Research, Townsville, Australia*
3 *University of Warwick, Maternal Health, Coventry, United Kingdom*
4 *Plymouth University, Faculty of Health & Human Sciences, Plymouth, United Kingdom*

BACKGROUND

With the continued increase in caesarean section (CS) globally, it is timely to conduct a systematic review of organisational interventions specifically designed to decrease CS rates.

OBJECTIVES

This systematic review and meta-analyses was designed to synthesise literature related to maternity service organisational interventions that had a primary aim of improving CS rates. Additionally, this work sought to quantify the effectiveness of relevant organisational interventions on CS rates, relative to comparator conditions.

METHODS

The review was conducted in line with the PRISMA statement and was prospectively registered with PROSPERO. Cochrane CENTRAL, CINAHL, MEDLINE, Maternity and Infant Care, EMBASE and SCOPUS databases were searched from 1/1/1980 to 31/12/2017. The search was restricted to peer reviewed journal articles.

RESULTS

Fifteen studies met the selection criteria. Compared with women allocated to usual care, women allocated to midwife-led models of care were, on average, less likely to experience CS (overall) (average RR 0.83, 95 % CI 0.73 to 0.96), planned CS (average RR 0.75, 95 % CI 0.61 to 0.93), and episiotomy (average RR 0.84, 95 % CI 0.74 to 0.95). Audit and feedback, and a hospital policy of mandatory second opinion for CS, were identified as interventions that have potential to reduce CS rates.

CONCLUSIONS

The findings of this systematic review indicate that women allocated to midwife-led models of care were less likely to experience CS (overall), planned CS, and episiotomy compared with women allocated to routine care. Additionally, the findings suggest audit and feedback, and a hospital policy of mandatory second opinion for CS, are potential interventions that may reduce CS rates.

KEY MESSAGE

The adoption of midwife-led models of care within their organisations, particularly for women classified as low-risk, is recommended. Additional studies that utilise either audit and feedback, or a hospital policy of mandatory second opinion for CS, are required to enable robust testing of intervention effects within future reviews.

ICMBALI-1217 - Advises and pitfalls for the care of women with severe fear of childbirth and a request for Caesarean section

A.M. Sluijs[1]

1 *Leiden University Medical Center, Obstetrics, Leiden, Netherlands*

PURPOSE

By showing and discussing cases of women with SFOC and a request for CS, we can learn from midwifery practice how to take care of such women, and which aspects are important for guiding them to a satisfying childbirth.

DISCUSSION

Scientific information is available about which treatment or therapy is significantly decreasing FOC, but in practice it can be very difficult to get women motivated to join any therapy. How to deal with such situations and what can we do as midwives?

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

By improving knowledge about SFOC and how to care for women with SFOC we can improve mental health of mothers to be and possibly prevent any further increase of CS rates.

EVIDENCE IF RELEVANT

1. Nieminen K, Stephansson O, Ryding EL. Women's fear of childbirth and preference for cesarean section – a cross-sectional study at various stages of pregnancy in Sweden. Acta Obstet Gynecol Scand. 2009;88(7):807–13. 2.Wijma K, Wijma B. A woman afraid to deliver: how to manage childbirth anxiety. In: Paarlberg KM, van de Wiel HBM, editors. Bio-psycho-social Obstetrics and Gynecology. Switzerland: Springer international publishing; 2017. 3. Barlow DH. Anxiety and its disorders. 2nd edition ed. New York: Guilford Press; 2004. 4. Souza JP, Gulmezoglu AM, Lumbiganon P, Laopaiboon M, Carroli G, Fawole B, et al. Caesarean section without medical indications is associated with an increased risk of adverse short-term maternal outcomes: the 2004–2008 WHO Global Survey on Maternal and Perinatal Health. Bmc Medicine. 2010;8. 5. Ayers S, Bond R, Bertullies S, Wijma K. The aetiology of post-traumatic stress following childbirth: a meta-analysis and theoretical framework. Psychological medicine. 2016;46(6):1121–34.

KEY MESSAGE

Sharing scientific knowledge and advises or pitfalls from midwifery practice could improve care for women with SFOC.

Room 3

WORKSHOP: TEAM-BASED LEARNING FOR HELPING MOTHERS SURVIVE ESSENTIAL CARE FOR LABOR & BIRTH

ICMBALI-0786 - Team-based learning for helping mothers survive essential care for labor & birth

C.L. Evans[1], L. Fitzgerald[1], G. Tibajuka[2], R. Kamunya[3], F. West[4], K. McHugh[5]

1 *Jhpiego, Technical Leadership Office, Baltimore, USA*
2 *Jhpiego, Global Program Office, Mwanza, United Republic of Tanzania*
3 *Jhpiego, Technical Leadership Office, Nairobi, Kenya*
4 *Internaltional Confederation of Midwives, Midwife Advisor, The Hague, Netherlands*
5 *ACNM, Global Office, Washington DC, USA*

THE LEARNING OUTCOMES

In an effort to empower midwives to improve women's experiences at birth and bring high-impact interventions to scale, the goal of this session is to provide an orientation to the new Helping Mothers Survive (HMS) module, Essential Care for Labor & Birth (ECL&B) and describe the adaptations made to respond to the constraints due to the COVID-19 pandemic. ECL&B, was designed to be a one-day training and mentorship module that supports midwives to provide the highest quality care at birth. Learning emphasizes respectful care, women's choice, comprehensive assessment on admission, and close monitoring and care during labor, birth, and immediate postpartum. Validated in Zanzibar and Tanzania, ECL&B is a hands-on, facility-based training that uses interactive simulators for practice, and video reinforcement to increase providers' knowledge, skills, and clinical confidence. Designed in partnership with American College of Nurse-Midwives, with close review by ICM and other partners, ECL&B is designed to reach all providers using the latest evidence for whole-team training. Due to restrictions on movement related to COVID-19, this module was converted to a blended approach of eLearning combined with "Team Sessions" facilitated by local mentors that was piloted in Zambia in September 2020. By the end of the session the participants will be able to: 1. Explain the HMS training concept and ongoing team activities. 2. Identify how HMS ECL&B supports the WHO Quality, Equity and Dignity (QED) framework. 3. Describe how the new blended approach can be scaled to support service delivery. 4. Understand the use of video to support and standardize demonstration.

THE PROCESS/ACTIVITIES

Links to both the original ECL&B module and the eLearning version will be provided in advance of the session. We will present the latest HMS module including a discussion on effective teaching techniques and evidence behind the HMS approach. We will review our need to pivot to blended learning due to COVID-19 and explain how the module was converted to a series of eLearning sessions combined with appropriately spaced Team Sessions which are run by local staff. We will describe the pilot in Zambia and show examples of eLearning and Team Sessions. We will review plans for conversion of future modules and provide time for questions and answers.

AUDIENCE PARTICIPATION

The audience will receive materials in advance through links shared via the conference platform. Through the zoom platform, participants will be able to see the structure of the course and have access to experience the eLearning if desired. We will share implementation ideas and request feedback from the audience about feasibility in their settings ending with Q&A.

REFERENCES

Evans C, Bazant E, Atukunda I, Williams E, Mohan D, Neirmeyer S. Peer-assisted learning after onsite, low-dose,high-frequency training and practice on simulators to prevent and treat postpartum hemorrhage and neonatal asphyxia: A pragmatic trial in 12 districts in Uganda. PLoS ONE 2018.

Bluestone J, Johnson P, Fullerton J, Carr C, Alderman J, BonTempo J. Effective in-service training design and delivery: evidence from integrative literature review. *Hum Resour Health* 2013; 11: 51.

SPONSOR

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Room 4

SYMPOSIUM: SUPPORTING MIDWIVES TO PROVIDE QUALITY MATERNAL AND NEWBORN SERVICES IN BANGLADESH

ICMBALI-1870 - Supporting midwives to provide quality maternal and newborn services in Bangladesh

A. Karim[1], *R. Anderson*[2], *Z. Shams*[3], *J. George*[4], *I. Rashid*[5]

1 *Save the Children, Health and Nutrition Sector, Dhaka, Bangladesh*
2 *UNFPA, Health, Dhaka, Bangladesh*
3 *Save the Children, Health, Dhaka, Bangladesh*
4 *Save the Children, Health Nutrition and HIV/AIDS, Dhaka, Bangladesh*
5 *USAID, Office of Population, Health, Nutrition and Education, Dhaka, Bangladesh*

PURPOSE OF THE SYMPOSIUM

The purpose of this symposium is to share experience on collaboration of multiple partners to ensure new graduate midwives have the necessary support needed to provide quality services at sub-district levels. To ensure pregnant women are attended by midwives with ICM recommended standards, the Government of Bangladesh (GoB) introduced the training of diploma midwives in 2013. The first group graduated in 2016. To assist the newly graduate midwives to put their acquired knowledge and skills to use, GoB in collaboration with UNFPA, USAID and Save the Children, provided targeted post-graduation support to them to establish midwife-led services at sub-district level. This symposium will share the country's experience of the establishment of midwife-led services with global audiences followed by interactive discussion on featuring recommendations for advancing the midwifery services.

1ST PRESENTATION

Rondi Anderson, Midwifery Specialist UNFPA Bangladesh: Midwife-led care at sub-district public health facilities: Experience from Bangladesh

This presentation will describe the approach and support provided to newly graduate midwives to assist them to use their newly acquired knowledge and skills, and associated challenges.

2ND PRESENTATION

Zubair Shams, Advisor Research and Learning, USAID's MaMoni Maternal and Newborn Care Strengthening Project: Readiness of sub-district health facilities in Bangladesh to provide quality maternal newborn care services and the opportunities for midwives

Enabling environment is one of the prerequisite for a skilled provider. SCI through USAID's MaMoni MNCSP conducted health facility readiness assessment to highlight gaps and opportunities for the provision of MNH services and provide enabling environment for the midwives and clients for the provision of quality services. This survey showed that sub-district level government facilities from selected districts were not yet fully ready to offer ANC, normal delivery care and immediate new born care services. Government has deployed midwives as a new cadre in those facilities. Hence, optimal utilization of this workforce is a challenge and may affect the provision of quality services. This presentation will highlight challenges and opportunities to create enabling environment for the newly deployed midwives for their optimal utilization.

3RD PRESENTATION

Afsana Karim, Senior Technical Advisor-MNH, USAID's MaMoni MNCSP, Save the Children and Former Program Director, Strengthening National Midwifery Program, Save the Children Bangladesh: Natural labor pain management improvement through mentorship

This presentation will focus on the mentorship approach used to build midwives capacity to support pregnant women use non-pharmacological products to manage labor pains during childbirth.

COMMON FOCUS

Creating enabling environment for midwives- the new workforce in health systems for improving quality of maternal and newborn care service.

COHESION BETWEEN SECTIONS

There will be three inter-linked presentations starting with the experience of establishing midwife-led services, readiness public facilities and the opportunities for midwives to provide quality maternal and newborn care services. The role of midwifery mentorship has played in supporting pregnant women to manage pain naturally during delivery.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Optimal utilization of midwives and their specialized skills across health systems in Bangladesh.

ICMBALI-0791 - Postpartum family planning – strategic effort to reduce the unmet need for family planning

I. Purbaabsari[1], *V. Ouedraogo*[2], *M. Muthamia*[3]

1 *Jhpiego Indonesia, Technical team, DKI Jakarta, Indonesia*
2 *Jhpiego Burkina Faso, Technical team, Ouagadougou, Burkina Faso*
3 *Jhpiego Kenya, Technical Team, Nairobi, Kenya*

PURPOSE OF THE SYMPOSIUM

This symposium will share new approaches together with proven strategies, achievement and lesson learned to keep postpartum family planning services available even in challenging situations

1ST PRESENTATION

Purbaabsari & Nahda: Increasing immediate postpartum family planning in 44 facilities within 11 districts in Indonesia

Indonesia was the strongest and most successful country in the family planning program. However, Indonesia's remarkable progress has recently stagnated. The Indonesian Demographic and Health Survey from 2012 showed a stagnating TFR of 2.6 over 10 years (2002–2012). In those 10 years, the contraceptive prevalence rate only increased 0.5 % from 61.4 % (2007) to 61,9 % (2012). Beginning in October 2015, Pilihanku project work together with MOH and Indonesia Family planning board strengthened PPFP services through comprehensive training. In addition, Facility and district quality improvement (QI) team were established to monitor PPFP progress using data dashboard. Each month facility QI team reviewed service statistic data to identify areas for improvement. By November 2018 the percentage of woman who received FP counselling increased from 3 % to 76 % and The percentage of woman who adopted PPFP before discharge increased from 9 % To 41 %.

2ND PRESENTATION

Ouedraogo: Improving access to postpartum family planning through on-site training for maternity providers in Burkina Faso

Jhpiego is working with the Ministry of Health in Burkina Faso to increase the contraceptive prevalence rate from 22.5 % in 2015 to 32 % in 2020. Jhpiego initiated training at their clinical site for maternity providers to reinforce demand generation and quality PFPP services provision. On-site training focused on building the skills of providers in counselling and providing quality PFPP services. The number of women who delivered and received counselling increased from 3599 (April 2017 – September 2017) to 7318 (October 2017 – March 2018). Regarding contraceptive methods use,the number of IUD inserted increased from 331 (April 2017 – September 2017) to 1002 (October 2017 – March 2018). The same trend was noted for implants insertion where the number increased from 1128 (April 2017 – September 2017) to 2714 (October 2017 – March 2018).

3RD PRESENTATION

Muthamia: Immediate post-partum FP for adolescents; a promising intervention to avert rapid repeat pregnancies

The post pregnancy FP choice project with support by Bill and Melinda Gates Foundation and Merck for Mothers implemented quasi experimental study between Dec 2017 to Nov 2019 within two counties; Meru (intervention group) and Kilifi (control group) in Kenya to generate actionable evidence that can be used to improve programmatic activities to address post-pregnancy family planning in the public and private-for-profit sectors. Intervention county received a package of intervention at the beginning of the study while the control received the package after the final assessemnt. The package included capacity buiding, Leadership Development Program, demand creation, commodity security and service reorganization.Study data revealed 57 % (n = 574) of adolescents in Meru County did not want to delay their pregnancies compared to 35 % (n = 1644) of adults. 44 % (n = 582) of adolescents in Meru County were counseled of iPPFP during antenatal care compared 16 %(n = 285) in Kilifi, while 45 % (n = 1655) of adults in Meru compared to 16 % (n = 1958) in Kilifi were counseled on iPPFP during antenatal care. 27.6 % (n = 336) of adolescents took up an iPPFP in Meru compared to 30 % (n = 874) of adults while 5.6 % (n = 125) of adolescents took up an iPPFP in Kilifi compared to 6.6 % (n = 881) of adults.

COMMON FOCUS

All presentation will focus on how to improve access to PPFP.

COHESION BETWEEN SECTIONS

These three presentations will outline and evidence efforts that have been made to improve access to PPFP. We will start with an overview of PPFP as a key strategy to reduce MMR and IMR, followed by presentations from three countries to improve access to PPFP through improving health providers capacity especially midwives and enabling environment that enables them to provide PPFP services appropriately.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

The success and evidence from these three countries shows that capacity building of health workers skill especially midwives obtained from training can be strengthen with on-site training or routine drill at their clinical site which can allow peer learning. Evidence also indicates that not only are more skilled health providers needed to conduct PPFP services and counselling but also the need for quality assurance of PPFP services that created enabling environment for health providers especially midwives to provide PPFP services.

ICMBALI-0486 - Access, adherence and retention in care among HIV-positive women on anti-retroviral therapy in rural communities of 2 states in South-South Nigeria

M. John[1], *S. Eford*[2], *A. Nsemo*[1], *P. Samson-Akpan*[1]

1 *University Of Calabar, Nursing Science, Calabar, Nigeria*
2 *University of Calabar Teaching Hospital, Family Health International 360, Calabar, Nigeria*

BACKGROUND

Effectiveness of HIV treatment depends on adequate anti-retroviral therapy (ART) access and adherence, and retention in care. Evidence on access and adherence to ART among women in rural communities of Nigeria are scarce, hence the study.

OBJECTIVES

Using information-motivation-behavioural skills model we evaluated antiretroviral therapy access and adherence, and retention in care among HIV-positive women in rural communities; and explored healthcare providers' perspectives on ART adherence and retention.

METHODS

Cross-sectional survey was used to collect data from October 2018 to March 2019. Structured interviews were conducted with 38 purposively selected consenting HIV-positive women on ART, and 15 health workers in HIV care in rural communities of 2 States in Nigeria. Adherence was calculated from respondents' self-report of number of pills prescribed for 4 weeks and number actually taken. Ethical approval was from Cross River State Ministry of Health. Data analysis was on Epi-info 7.1.4.

RESULTS

Information and motivation of participants by health workers enhanced adherence and retention in care. Access to antiretroviral medications was easy for 63.2 %, while 36.8 % had difficulties and cited drug shortages at nearby health clinics as the major reason. Twenty four women (63.2 %) achieved ≥ 95 % ART adherence using 3-day recall. Significant factors for good adherence were self motivation/self-efficacy, information about usefulness of ART, motivation by health workers, having treatment supporter, and going to the health centre daily to take medications. Most common reasons for non-adherence were adverse effects of medications, pregnancy-related nausea and vomiting, and lack of food. Retention in care was 81.6 %.

CONCLUSIONS

Sub-optimal access and adherence to ART was found and this can affect long-term clinical success of treatment.

KEY MESSAGE

Community-based ART programme and collaboration between primary healthcare providers and patients can result in expanded access, enhanced adherence and retention in care for HIV-positive rural women on ART.

ICMBALI-1152 - Maternity waiting homes as a center of male championship in health

G. Dombola[1]

1 *C/O Mr Dombola, Baylor College of Medicine Children Foundation, Lilongwe, Malawi*

PURPOSE

For the past 15 years of practice, I have encountered huge numbers of new HIV positive mothers. Until the time when researchers proved that voluntary male circumcision (VMMC) reduces the risk of STI including HIV by 60 % . Then, I started thinking how midwives can utilize their free time to support VMMC in reducing HIV infection.

DISCUSSION

As a health educator in MWH I have noted that quality care is not only hands on care but interaction between staff and clients. The figures of new HIV cases among young pregnant mothers of 10–19 years were increasing every day. In addition to health education, I decided to take a step further on counselling mothers on VMMC instead of counselling men. Individual counselling of antenatal waiting mothers from September, 2018 in the MWH was commenced during free time. Young couples were encouraged to come for counselling. Huge turn-up of VMMC among young men were recorded from November 2018 and the situation has changed for the better. In 2018, last quarter (October 2018 to December 2018) there was 4 new HIV positives from 7 HIV new cases in third quarter (July to September).

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

A midwife is an educator, counselor, care giver who prays a big role in preserving, promoting and prolonging life of a woman and the entire family. If we are to control infections that contribute to maternal and neonatal complications, we need to explore various ways of reaching our clients. MWH should not be limited to offer prenatal care to waiting mothers neither act as antenatal wards. Midwives should utilize the idol time that mothers spent in MWH by providing them information about pregnancy, baby and family health.

EVIDENCE IF RELEVANT

Data were collected from youth friendly registers and DHIS 2 and WHO 2007 document to support the observation.

KEY MESSAGE

New HIV infection, MWH, VMMC.

ICMBALI-1122 - Analysis of causes of poor documentation of HIV-exposed infant cards in labour ward at Kaweche Health Centre in Mzimba North District, 2017

G. Dombola[1], *M. Munthali*[2]

1 *C/O Mr Dombola, Baylor College of Medicine Children Foundation, Lilongwe, Malawi*
2 *Ministry of Health, Mzuzu Health Center, Mzuzu, Malawi*

BACKGROUND

As a national strategy to eliminate HIV/AIDS in Malawi, babies born to HIV-positive mothers are initiated on Niverapine and enrolled in an HIV care clinic (HCC) soon after birth by the health worker conducting or assisting the delivery. Babies are tracked through the client's card known as the pink card. This is important for follow-up care of the baby and outcome of the baby. Before this analysis, a data quality audit was conducted in Mzimba North DHO's three health facilities namely Mzuzu, Ekwendeni and Kaweche and found out half of pink card (50 %) are partially filled.

OBJECTIVES

To investigate the root causes of poor documentation at Kaweche Health Centre.

METHODS

A focus group discussion was done with labour ward staff at Kaweche Health Centre. Both health workers and support staff were involved. A fishbone diagram was used to analyse and categorise the ideas that were brainstormed during the focus group discussion. Critical causes were then identified.

RESULTS

Health worker's attitude, poor coordination among labor ward staff and ART clinic and facilities when transferring out patients. In addition, client attitude and knowledge gaps, stigma in the communities making HIV-positive make mother have several health passport booklets. Lack of departmental meetings to monitor performance.

CONCLUSIONS

Inadequate documentation of HIV-exposed infants at Kaweche Health Centre is an issue. Health workers are causes and the problem. Therefore, proper documentation is required.

KEY MESSAGE

Pink cards, HIV exposed baby, Documentation.

ICMBALI-0331 - Capacity building education and training delivered to midwives for sustained and improved maternal and newborn care in Tanzania

S. Dawit[1], *T. Martin*[2]

1 *University of Notre Dame Australia, Health Department of Western Australia - Global health Alliance WA, Dar es Salaam, United Republic of Tanzania*
2 *Health Department of Western Australia, Nursing and Midwifery Office, Perth, Western Australia, Australia*

PURPOSE

Collaboration between the Tanzanian Ministry of Health and the Western Australian Department of Health has assisted in augmenting midwifery capacity and capability through education, training, and health system development utilising a partnership model.

The program adds to world-wide efforts to improve infant and maternal mortality and morbidity in developing countries by strengthening midwifery capacity to provide sustainable and safe maternal and infant health care through education and training.

DISCUSSION

The Maternal and Newborn Care Course provide relevant education and training in key clinical skills using a short term (4 weeks) approach. This partnership affords WA midwives to contribute expertise to developing countries in areas of need as identified by the host country. Each course, consisting of a foundation unit and an intermediate unit runs for 2 weeks – a structured program of one week of theory, and one week of clinical supervision, using the principles of scaffold learning to build knowledge and skills based on best evidence. The participants are Tanzanian midwives.

Since 2011, 56 Maternal and Newborn Care Courses have been delivered to 1400 Tanzanian midwives, from six hospitals by 164 expert volunteers. Twelve Tanzanian midwives have successfully completed a Train the Trainer program and are delivering the MNCC alongside WA volunteers and on their own. The Tanzanian midwives have delivered the MNCC to over 100 participants from their own hospitals.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Midwifery care is the most appropriate model of care for childbearing women. It provides safe and high quality care and is associated with more efficient use of resources and improves outcomes. To ensure they remain safe and current in their practice, midwives must access continuing education. The MNCC promotes and supports ongoing professional development at the local level.

KEY MESSAGE

Partnering with developing countries to provide education and training results in the delivery of safe sustainable maternal and newborn care.

ICMBALI-0995 - Are student midwives equipped to support normal birth?

J. Wood[1], *J. Fry*[1]

1 *Bournemouth University, Faculty of Health and Social Sciences, Portsmouth, United Kingdom*

BACKGROUND

Student midwives will determine how midwifery is practised in the future. In an era of increasing intervention in birth internationally, exposure to normal birth is inevitably declining, together with the experience of learning how to support it. If students do not develop confidence in physiological birth and only feel confident with medicalised birth, we should be concerned that essential skills and knowledge will be lost. This then becomes a vicious circle. It is therefore crucial to consider what factors impact students' confidence in supporting normal birth. The paucity of relevant research within contemporary midwifery education and practice needs to be addressed.

OBJECTIVES

Our research question is: What factors impact student midwives' confidence and ability to support normal birth?

METHODS

Survey data was gathered from a large cohort of 229 student midwives in the South of England. The questionnaire comprised both closed and open questions exploring both clinical and theoretical learning. Data is currently being analysed using both SPSS and thematic analysis. The study was been approved by the local University Ethics Committee.

RESULTS

Data from preliminary SPSS analysis demonstrates that students increase in confidence with normal birth as they progress through their three year degree. One of the main factors promoting their confidence was theoretical knowledge and this was complemented by frequent and recent exposure in practice to normal labour and birth. Qualitative analysis of these themes will be presented and discussed.

CONCLUSIONS

The data analysis is ongoing and our presentation will include key findings and implications for both practice and education.

KEY MESSAGE

This study illuminates vital factors which strengthen and preserve the essential midwifery skills and knowledge necessary for supporting normal birth, in an age of increasing intervention.

Room 7

CONCURRENT SESSION: STUDENT EDUCATION

ORAL PRESENTATION

ICMBALI-0163 - Preparing the future generation of midwives: from evidence to standard

J. Williams[1], *V. Wallace*[1]

1 *Nursing and Midwifery Council, Education and Standards Directorate, London, United Kingdom*

PURPOSE

In April 2017 The Nursing and Midwifery Council (NMC) started to review our standards for pre-registration midwifery as part of a bigger Education Change programme. The midwifery standards were last updated in 2009 and since then the health needs of the population are changing which is affecting the care needs of women, and their families. To make sure the midwives of the future are ready for the role ahead of them we are working to modernise our standards for midwives.

DISCUSSION

Based on evidence our new standards need to ensure that future midwives are fully prepared to care from all women across different settings. We have also engaged extensively with a broad range of stakeholders hearing people's views on the skills, knowledge and attributes midwives need at the point of registration. The new standards will be outcome–focused, future-proofed and accessible and will set the building blocks for continuing professional development. We are committed to drawing on the best evidence to inform our standards including contemporary research findings, the four country maternity strategies, key reports in maternity services and the thematic analysis of engagement as well as conducting new literature reviews on the needs of women, babies and families, development of standards and effective education and an independent evaluation of the current NMC pre-registration standards.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

The standards are being co-produced using subject experts, advocacy groups and service users from across the four countries of the UK led by an external Lead Midwifery Advisor. Following a public 12–week consultation responses will be analysed and a consultation assimilation process will finalise the standards. This paper will outline the process of the new midwifery standards development and reflect on the potential impact on the UK midwifery profession following implementation.

EVIDENCE IF RELEVANT

Published standards November 2019

KEY MESSAGE

Co-production of standards to ensure they are future proofed and outcome focused.

ICMBALI-0259 - Strengthening midwifery pre-service education in Myanmar: competencies at the core

N.N. Aung[1], *H.H. Hlaing*[2]

1 *Johns Hopkins University, Jhpiego, Yangon, Myanmar*
2 *Ministry of Health and Sports, Department of Human Resources for Health, Director Nursing, Myanmar*

PURPOSE

To share success and challenges on midwifery strengthening activities in Myanmar.

DISCUSSION

The midwifery diploma curriculum was revised and was expanded to five of seven Basic Emergency Obstetric and Newborn Care (BEmONC) signal functions to provide a wider range of life saving services when they enter into service and address the most common causes of maternal mortality in Myanmar including hemorrhage and preeclampsia. Ensuring effective use of the skills labs allowed students to develop competencies by providing opportunities to practice repeatedly before they go to clinical areas. Along with this support, a preceptorship system was revitalized to facilitate the student learning from classroom to clinical care. To assure the quality of PSE programs, the first accreditation system for educational institutions is underway.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Strengthening midwifery pre-service education (PSE) is a high priority of the Myanmar government as midwives are taking care of 70 % of population not only for maternal and child care but also for primary health care. Since 2014, Jhpiego has been supporting the Ministry of Health and Sports in midwifery PSE strengthening, emphasizing a competency- based curriculum, strengthening clinical practicum sites, establishing skills labs and building capacity of teachers.

EVIDENCE IF RELEVANT

These PSE support activities showed compelling results during the assessment of final year midwifery students' competencies on BEmONC essential skills and knowledge between 2015 and 2018. With the competency level set at achieving 80 % of criteria, students' competency markedly increased from 1 % , 24 %, 60 %, 72 % in 2015 to 2018 respectively.

KEY MESSAGE

For health providers to provide quality health services, it is important that they undergo quality training. The curriculum, teachers' quality, skills lab, clinical practicum sites must well prepare to achieve this goal. Regulation is also key in ensuring quality education. PSE, which offers quality training, translates into health providers with competency to offer quality health services after qualification.

Room 8

PARTNER FUNDED SESSION: JOHNSON'S® WHAT IS APPROPRIATE TO USE ON NEWBORN SKIN? INGREDIENT SCIENCE, FACTS & GUIDANCE FOR MIDWIVES

JOHNSON'S® What is appropriate to use on newborn skin? Ingredient science, facts & guidance for midwives

Carol Bedwell (United Kingdom)
James Kennedy (New Zealand)

This program is part of the Midwife Learning Series brought to you by JOHNSON'S®

Infant skin is still developing and vulnerable, therefore when caregivers advise on skin care products it is important to choose those that have been clinically evaluated to be safe, effective, and designed for infant skin. Information on the internet and other sources may not always be based on evidence. Attendees will learn about ingredient science, myths and facts, how to read and understand labels, and how they can help parents navigate product selection for baby's care.

ICMBALI-0671 - Being a pregnant midwife: an inconvenience? Findings from an hermeneutic phenomenological study into the lived experiences of childbearing midwives in the United Kingdom

T. South[1]

1 *University of South Wales, Midwifery, Pontypridd, United Kingdom*

BACKGROUND

The majority of midwives, registered in the United Kingdom (UK) are female, and many may become pregnant during their career. Research into whether midwives' needs at this time are being met is limited.

OBJECTIVES

To develop an understanding of the meaning of the lived experiences of childbearing midwives within practice, and to ascertain their personal choices and perceptions as service users, healthcare professionals and employees.

METHODS

Hermeneutic phenomenology, drawing on Heidegger and Gadamer, was chosen as the 'best-fit' methodology for this study. The sample was purposeful. After obtaining ethical approval, 12 pregnant midwives, at various bands (which are experience, status, hierarchy and pay related), working in a variety of UK settings, responded to advertisements to take part in a prospective longitudinal study involving 2 digitally-recorded unstructured interviews; one pre- and one post-birth. van Manen's method, a recognised framework, was used to analyse data. This involved an iterative process of reading, rereading and writing, which required being reflective, insightful, sensitive to language, and being constantly open to the experiences of the informants when clustering and thematising their narratives.

RESULTS

Three components were incorporated into these 12 midwives' stories: *being a service user, the impact of childbearing on future professional practice and how being pregnant affected them as an employee.* This presentation will discuss the latter and how some of these informants tried to maintain their pre-pregnancy work ethic without asking for adjustments to be made to accommodate their changed status, as pregnant employees.

CONCLUSIONS

These pregnant midwives employed tactics to reduce the amount of disruption to the service by altering their pre-pregnancy working environment or pattern of working, having minimal time off work when ill or attending antenatal appointments during their working hours.

KEY MESSAGE

Staff and managers within maternity services need to recognise the individual requirements of childbearing midwives, reassessing their needs on a regular basis.

ICMBALI-1059 - Tracking progress towards an adequate midwifery workforce

R.R. Jolivet[1], *J. Cohn*[1]

1 *Women & Health Initiative, Harvard T. H. Chan School of Public Health, Global Health and Population, Boston, USA*

BACKGROUND

The "Strategies toward ending preventable maternal mortality (EPMM)" highlights midwives' critical role in ensuring maternal health and survival. The Improving Maternal Health Measurement (IMHM) project will test and validate indicators from the EPMM monitoring framework, including three directly relevant to midwives.

OBJECTIVES

The research aims to strengthen metrics/measurement capacity to address upstream, systemic determinants of maternal health and survival. Included measures specific to midwives are: 1) "Health worker density and distribution (per 1,000 population)"; 2) "Density of midwives by district (by births)"; and 3) whether "Midwives are authorized to deliver basic emergency obstetric and newborn care (EmONC)". Validation research will occur in Argentina, Ghana, and India, and seeks to strengthen measurement of midwifery workforce adequacy. Three aspects of adequacy are reflected: density (number to meet need), distribution (accessibility), and authorization to provide essential care (availability).

METHODS

Methods are near finalization. The research protocol should be in press by the ICM conference. For indicators 1) and 2), the approach to validation is triangulation. We will compare evidence to estimates from these indicators to explore whether they track reliably together, if one measure better estimates the true value than the other, and if adjusting the data sources, numerator/denominator gives a better estimate of this construct. For indicator 3) we will compare authorization of midwives to perform signal functions with evidence of actual performance and evidence of education/training to perform them.

RESULTS

We will present results available by the ICM conference.

CONCLUSIONS

An adequate midwifery workforce across settings is critical for ending preventable maternal/newborn mortality. Measurement is complicated by differing definitions of a midwife, training and competencies, and authorization. Furthermore, density and distribution of midwifery personnel estimates use different parameters.

KEY MESSAGE

Access to validated indicators for tracking midwifery workforce adequacy will aid countries to transform health systems, ensuring they save lives and support women, newborns, and communities to thrive.

ICMBALI-1452 - A systematic review of evidence on barriers and facilitators to the implementation of task-shifting in midwifery services in low-middle income countries of Asia and Africa

A. Kalaunee[1], *V. Broch Alvarez*[1], *R. Prajapati*[1], *P. Bhattarai*[1]

1 *Deutsche Gesellschaft für Internationale Zusammenarbeit GIZ GmbH, Support to the Health Sector Program, Kathmandu, Nepal*

BACKGROUND

Reducing maternal mortality and providing universal access to reproductive health in poor resource settings has been severely constrained by a shortage of health workers required to deliver interventions. Health workforce strengthening, particularly midwifery, has received considerable attention as a means to improve global maternal health.

OBJECTIVES

To determine evidence to identify barriers and facilitators for implementation of task shifting to midwives.

METHODS

A search strategy was developed and relevant papers were identified from databases including Cinahl, Cochrane Library, EMBASE, Maternity and Infant Care, MEDLINE, midwifery journal, and Web of Science. Key search terms used were Task shifting, Systematic review, Quality care, low and middle income. Papers eligible for inclusion were primary studies and reviews of research published from 2006–2019, focusing on task shifting of midwives.

RESULTS

Twenty studies were included. Findings were organized under three broad themes: (1) challenges in defining and defending the midwifery model of care during task shifting, (2) training, supervision and support challenges in midwifery task shifting, and (3) teamwork and task shifting. It also indicates that shifting and sharing these tasks may increase access to and availability of maternal and reproductive health services without compromising performance or patient outcomes and may be cost effective.

CONCLUSIONS

Though task shifting may serve as a powerful means to address the crisis in human resources for maternal and newborn health, it is also a complex intervention that generally requires careful planning, implementation and ongoing supervision and support to ensure optimal and safe impact. The unique character and history of the midwifery model of care often make these challenges even greater.

KEY MESSAGE

Task shifting is a complex intervention that generally requires careful planning, implementation and ongoing supervision and support to ensure optimal and safe impact.

ICMBALI-1121 - A critical analysis of the relevance of models of 'resilience' in ensuring productive and fulfilling work environments for midwives

A. Phelan[1]

1 *University College Cork, School of Nursing and Midwifery, Cork, Ireland*

BACKGROUND

Resilience models are being promoted internationally as methods for coping with stressful working environments. An alternative view is that promoting resilience may place an onus of personal responsibility for situations that are out of the control of midwives and detract the focus from the resources and support that midwives need to cope with demanding workloads.

OBJECTIVES

This research explores whether 'resilience' is meaningful as a model/tool to address barriers to productive and fulfilling workspaces for midwives. Specifically, the research seeks to explore how midwives in Ireland experience their work environment, to investigate the barriers that influence a productive and fulfilling workspace and to explore whether 'resilience' is meaningful as a model to address these barriers.

METHODS

Qualitative research design. Face to face, semi structured interviews with sixteen qualified midwives and managers working in maternity units in Ireland. Thematic Analysis (Braun and Clarke 2006).

RESULTS

Preliminary findings: Preliminary findings: Midwives value peer support in their work environments. The causes of stress in the work environment include breakdowns in communication, dysfunctional working relationships, lack of resources, medicalisation of the working environment, lack of autonomy and perceived powerlessness of their situation.

CONCLUSIONS

Working in busy environments disables the ability of midwives to reflect and to articulate a vison for positive and fulfilling work environments. Maternity hospitals and sectors need to address the structural barriers to positive working environments in midwifery.

KEY MESSAGE

Midwives' own coping strategies are related to workplace structures and organisation of maternity services but these structures are isolating and do not encourage teamwork.

Room 10

PARTNER FUNDED SESSION: FERRING INTERNATIONAL: SAFE BIRTH: FROM GUIDELINES TO PRACTICE PREVENTING POSTPARTUM HAEMORRHAGE (PPH) WHERE THE NEEDS ARE BIGGEST

Ferring International: Safe birth: From guidelines to practice Preventing postpartum haemorrhage (PPH) where the needs are biggest

Rosemary Mburu (Kenya)
Sadia Mahmood Malick (United Arab Emirates)
Per Falk
Metin Gülmezoglu (Switzerland)
Raheli Mukhwana (Kenya)
Inderjeet Kaur (India)
Anna Cecilia Frellsen (Denmark)
Nanna Sten Andersen (Denmark)
Willibald Zeck (USA)

Jointly hosted by Ferring International and Maternity Foundation International Confederation of Midwives.

The overall purpose of this training session is to reduce preventable maternal deaths via optimal PPH prevention in L-LMICs (low and lower-middle income countries). The session will focus on the optimal use of the recently included heat-stable carbetocin in the PPH continuum of care, and how to translate to midwives the skills and learnings from clinical practice

BACKGROUND

Every two minutes, a woman dies from preventable causes related to pregnancy and childbirth. Excessive bleeding after delivery – or postpartum hemorrhage (PPH) – is the leading direct cause of maternal death worldwide, causing approximately 70,000 women to die each year. The majority – 99 % – of these deaths occur in low- and lower-middle income countries with sub-Saharan Africa accounting for almost two-thirds of maternal deaths due to PPH. While the world has made significant progress in reducing preventable maternal death, equitable access to safe child birth is still denied for far too many – including access to skilled attendance at delivery and quality medical interventions. Upskilling midwives could help avert roughly two-thirds of all maternal and newborn deaths according the State of the World's Midwifery report. New maternal health innovations, such as heat-stable carbetocin, offer opportunities for strengthening quality of care in conditions where cold storage is difficult to achieve and maintain.

FOCUS FOR THE SESSION

The session will provide a highly interactive and engaging mix of keynote presentations, panel discussions and practical instructions on how to apply the new WHO recommendations and the latest innovation for the prevention of PPH, heat-stable carbetocin, so they become practical tools in the hands of midwives and their teams of birth attendants in low-income countries to provide a safer birth. Participants will among other things be invited to join in a real-world demonstration of the Safe Delivery App.

Participants are regional and national policy makers, decision makers and practitioners in the maternal health continuum of care in low and lower-middle income countries.

THEY WILL:

- Receive a technical update on heat-stable carbetocin for the prevention of PPH in the context of the newly updated WHO PPH recommendations, and corresponding WHO Model List of Essential Medicines.
- Receive an update on Ferring's Project Family: Safe Birth commitment, including the company's commitment to making heat-stable carbetocin available at an affordable and sustainable price in public sector and not for profit health facilities in low- and lower-middle income countries for the prevention of PPH.
- Participate in an interactive and engaging discussion about how we move from PPH guidelines to practice and quality outcomes, incl. how we build confidence and skills among midwives in their practical application - where the needs are biggest.
- Participate in a real-world demonstration of the Safe Delivery App where midwives will be equipped to prevent PPH during the 3rd stage of labor in accordance with the WHO recommendations, including the practical use of heat-stable carbetocin in the continuum of care.

Wednesday, 23 June, 10:00 PDT
Parallel sessions 12

Building a Skilled Midwifery Education Workforce for the 21st century and beyond: a workshop to explore the challenges and generate solutions in preparing the Midwife Teacher/Lecturer

Marie Berg (Sweden), Malin Bogren (Sweden), Susan Way (United Kingdom), Jayne Marshall (United Kingdom)

All presenters are members of the ICM Education Standing Committee who have expertise in this area and will co-facilitate.

LEARNING OUTCOMES/OBJECTIVES

- To explore the challenges facing the recruitment of midwives into midwifery education in the 21st century at an international level.
- To facilitate open debate and generate ideas as to how these challenges may be addressed and adopted in the participants' own work place.
- To consider opportunities and aspirations in developing a skilled midwifery education workforce alongside the ICM (2020) Position Paper: Qualifications and Competencies of Midwife Educators.
- To begin developing a strategy that will help in sustaining midwifery education provision by appropriately skilled midwives throughout the 21st century and beyond.

One of the hallmarks of the midwifery profession is the quality of services offered to childbearing women, their babies and families. Education is the key for the provision of quality maternity and newborn services, by a competent midwifery workforce. In many countries, however, there is still a critical shortage of midwives with the corresponding lack of proficient midwife educators* being a major factor.

Marshall (2015) suggests that all midwife educators need to be instrumental in promoting midwifery education as an attractive career choice. Where students show an aptitude from an early stage to develop a career in midwifery education, they should be talent spotted, encouraged and nurtured to do so. Short study units about learning and teaching strategies as well as elective placements to another university / teaching department to shadow and observe the work of the midwife educator should be incorporated into the midwifery curricula. Championing secondment posts for clinical based midwives to experience the work of the midwife educator and contribute to the delivery of the midwifery curricula as well as supporting the midwife to acquire recognition for their teaching experience must be the way forward.

PROCESS OF THE WORKSHOP

An initial introduction of the International Confederation of Midwives (2020) Position Statement regarding the Qualifications and Competencies of Midwife Educators (that embraces the WHO (2013) Midwifery Educator Core Competencies), will be highlighted to set the challenges in context to promote discussion about the international application among the participants attending the workshop. The participants will therefore be expected to engage in small group discussions facilitated by the presenters who are expert midwifery educationalists, to discover ways in which a future midwifery education capacity strategy could be developed at a local, national and international level.

REFERENCES

International Confederation of Midwives (2020) Position Statement: Qualifications and Competencies of Midwife Educators,The Hague, ICM.

Marshall J E (2015) The power of the lead midwife for education (LME): the role, functionand challenges, MIDIRS Midwifery Digest, 25: 1 pp 11–14.

World Health Organisation (2013) Midwifery Educator Core Competencies, Geneva, ICM.

*The term Midwife Educators embraces the role of the Midwife Teacher / Midwife Lecturer.

ICMBALI-1484 - Rebozo and external cephalic version in breech presentation (RECeiVe): an open label parallel randomized trial in three university hospitals in Copenhagen, Denmark

M. De Wolff[1], *M. Ladekarl*[2,3], *L. Sparholt*[4], *L. Vestergaard*[2], *J.A. Lykke*[1]

1 *Copenhagen University Hospital- Rigshospitalet, Department of Obstetrics and Research unit for Women's and Childrens' Health, Copenhagen Ø, Denmark*
2 *Copenhagen University Hospital- Hvidovre, Department of Obstetrics, Hvidovre, Denmark*
3 *Parker Institute- Frederiksberg Hospital, Research Unit for Dietary Studies, Frederiksberg, Denmark*
4 *Zealand University Hospital- Roskilde, Gyn-Obs, Roskilde, Denmark*

BACKGROUND

Breech presentation occurs in 3–5 % of all pregnancies at term and is associated with increased rates of fetal asphyxia and other obstetrical complications. In many countries, caesarian section is recommended to women with breech presentation. Therefore, it is also recommended to perform an external version of the fetus from breech presentation to cephalic position; the success rate of this is approximately 30–50 %. Rebozo is a technique from Mexico, where the midwife with a scarf 'shakes' the pelvis of the pregnant woman to facilitate a spontaneous version to cephalic presentation. There are no known complications associated with the rebozo method. Use of rebozo in breech presentation has never been studied scientifically.

OBJECTIVES

To investigate if rebozo as a pre-treatment for external cephalic version will increase the incidence of cephalic presentations at labour.

METHODS

The study was designed as a randomized controlled trial including 371 pregnant participants with a breech presentation or transverse lie recruited from three University hospitals in Copenhagen, Denmark from March 2015 to December 2018. The intervention was rebozo exercises performed over 3–5 days. In case of persistent breech presentation, the woman was offered a standard external cephalic version. The primary outcome was the number of women with cephalic presentation after the standard external version. Secondary outcomes were the number of successful vaginal births and number of caesarean sections.

RESULTS

Data Collection was completed in December 2018 and data processing and statistical analysis are ongoing.

CONCLUSIONS

The study is expected to show the effect of an intervention using the rebozo technique as a supplement to external version for breech presentation in a Danish hospital setting. The results from this trial will inform clinicians when planning the optimal treatment and care for pregnant women with breech presentation electing for a version.

KEY MESSAGE

Information on: Feasibility and success rate of rebozo as pre-treatment for external version.

ICMBALI-1527 - First stage progression in women with spontaneous onset of labor: a large cohort study

L. Lundborg[1], M. Ahlberg[1], O. Stephansson[1], A. Sandström[1], K. Åberg[1], A. Discacciati[2]

1 *Karolinska Institutet, Clinical Epidemiology Unit, Stockholm, Sweden*
2 *Karolinska Institutet, Unit of Biostatistics- Institute of Environmental Medicine- Karolinska Institutet, Stockholm, Sweden*

BACKGROUND

New evidence suggests that; women can progress slower than 1 cm per hour during first stage of labor. Sweden has a unique opportunity for epidemiology research as all care is standardized, free of charge and with continuous care by midwives during pregnancy and childbirth, furthermore more than 99,9 % of all women give birth in a hospital and all medical information is systematically forwarded to quality registers.

OBJECTIVES

To investigate the duration and pattern of first stage of labor in a large modern obstetric population in Sweden.

METHODS

Design A retrospective cohort study.

Setting Electronic medical records from the nationwide population based register between 2008 and 2014.

Population 85 408 women with a spontaneous onset on labor with singleton infant in cephalic presentation at ≥ 37 weeks of gestation with normal maternal and neonatal outcomes.

Methods A repeated-measures analysis was used to illustrate average labour curves by parity. Interval-censored regression was used to estimate the duration centimetre by centimetre. Analogus interval-cencored regression for cumulative labor progression. Quantile regression to estimate a set of quantiles, (5^{th}, 50^{th}, 95^{th} percentiles) and logistic quantile regression.

RESULTS

Women´s first stage duration could be both longer (95^{th} percentile) and faster (50^{th} percentile) than earlier described. The labor pattern during first stage of labor vary highly in a population with low rate of cesareans deliveries. Women progress differently during first stage, with faster progression after 5–6 cm cervical dilation.

CONCLUSIONS

The results clearly depicts that an average labor curve does not exist for women during first stage of labor in the worlds largest cohort study on first stage of labor.

KEY MESSAGE

The partographs alert line is incorrect and first stage progression and duration vary highly during first stage of labor.

ICMBALI-0813 - It needs a complete overhaul..." district manager perspectives on the capacity of the health system to support the delivery of emergency obstetric care

S. Thwala[1], *D. Blaauw*[2], *F. Ssengooba*[3]

1 *University of Swaziland- University of the Witwatersrand, Midwifery, Mbabane, Swaziland*
2 *University of the Witwatersrand, Centre for health Policy, Johannesburg, South Africa*
3 *Makerere University, School of Public Health, Makerere, Uganda*

PURPOSE

To identify health system enablers and barriers in the delivery EmOC from the perspective of district managers.

DISCUSSION

The functioning of the district health system was weak, affecting the delivery of EmOC. Unless staffing is effectively addressed, the health system is unlikely to meaningfully reduce maternal mortality as desired.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Coordination of EmOC services by managers needs to be strengthened to limit fragmentation of care and improve continuity EmOC delivered. Furthermore, high turnover of senior leadership affects implementation priorities and continuity in the overall strategic direction of services including EmOC.

EVIDENCE IF RELEVANT

Methods Face-to face audio-recorded key informant interviews were conducted with 19 district managers in charge of the delivery of EmOC in one urban district. Interviews were transcribed and coded. Related codes were inductively grouped into emerging themes. Deductive thematic analysis was then used to categorise emergent themes under the broader health system building blocks Results Emerged themes identified included a weaknesses in the organisation of health services; a high vacancy and turnover of senior management; poor clinical accountability from EmOC providers; inadequate resources (including infrastructure, staffing, and funding); as well as the need to improve district health information system indicators.

KEY MESSAGE

More skilled health providers (midwives and doctors) than currently available are needed to provided emergency obstetric care.

ICMBALI-2015 - Eleven P's in labour progress, not just 4

J. Marcus[1], *S. Fawcus*[1], *K. Christie*[1]

1 *University of Cape Town, Obstetrics and Gynaecology, Cape Town, South Africa*

PURPOSE

In recent years, there has been a global shift towards making maternity care more women-centred. The partogram has been an important labour monitoring tool in low and middle income countries. Historically, slow or no progress in labour were thought to be caused by "the 4P's". These "P's" referred to the passage, powers, passenger and patient needing to be assessed to determine the possible cause of the slowly progressing labour with a view to intervening if any of these were thought to contribute to the problem. Labour is a complex process with many factors contributing to its progress and the woman's experience thereof, the mere mechanics cannot be viewed as the be-all and end-all of influencing how well or slowly labour progresses.

DISCUSSION

The traditional 4 P's do not consider all reasons for a slowly progressing labour. Seven additional P's to consider are: (1) Partner presence, (2) Psyche of the woman, (3) Personnel behaviour and attitudes, (4) Position of the mother during labour and birth, (5) Paraphernalia, (6) Pain relief and (7) Place. There is good evidence that these aspects have a positive influence on the needs of a woman in labour.

There is good evidence about beneficial care for the labouring woman, yet the available evidence has not been clearly assimilated into the practices of labour care in the South African public health context.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

The additional 7 P's need to be incorporated into the training of maternity care providers in South Africa and other similar settings where partogram use is part of the standard of care to promote instinctive, physiological birth.

EVIDENCE IF RELEVANT

WHO recommendations: Intrapartum care for a positive childbirth experience. Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO.

KEY MESSAGE

Care during labour must be aimed at promoting a physiological and positive birth experience.

Room 3

WORKSHOP: IPAS/ DKT SAFE ABORTION SKILLS WORKSHOP

ICMBALI-1021 - Ipas/ DKT safe abortion skills workshop

B. Powell[1], T. Overholt[2], N. Kapp[1]

1 *Ipas, Technical Innovation and Evidence, Chapel Hill, USA*
2 *DKT International, WomenCare Global, Washington D.C., USA*

THE LEARNING OUTCOMES

By the end of the training, participants will have reviewed the current recommend methods for uterine evacuation; been informed on the uses and guidelines of MA and MVA for evacuating the uterus; explored key information regarding these approaches to UE; and review assembling, disassembling and using the MVA.

THE PROCESS/ACTIVITIES

Participants will start the workshop by listening to a presentation with an overview of updated MA guidelines and the steps involved in the MVA procedure. Participants will then break up into 10 stations with one pelvic model and a set of MVA materials at each station (4–5 people around a model). An active demonstration of the MVA will be provided by international and regional trainers followed by hands-on training and guidance from the trainers. Time for questions on MA and MVA guidelines and use will be provided after the presentation, during the hands-on training and at the conclusion of the workshop. This workshop and training is designed to last 90 minutes.

AUDIENCE PARTICIPATION

This workshop will train a group of up to 50 participants on the guidelines and use of medical abortion (MA) and manual vacuum aspiration (MVA) uterine evacuation (UE) techniques using a combination of didactic and hands-on training and simulation. The goal is to increase participants' knowledge and practice of UE techniques so that participants can continue to expand and improve the quality of care they provide. The workshop will include a review of the current recommended methods for uterine evacuation; describe the use, key information, and common challenges regarding MA and MVA; and provide hands-on practice with assembling, disassembling and using the MVA.

Given the changing climate of abortion around the globe, the ICM Triennial Congress in Bali, Indonesia is an opportunity to introduce new providers to current abortion technology and expand the offerings of experienced providers, including both the context of abortion care as well as postabortion care.

REFERENCES

WHO. (2012). Safe Abortion: Technical and Policy Guidance for Health Systems (2nd ed.). Retrieved from: http://apps. who.int/iris/bitstream/10665/70914/1/9789241548434_eng.pdf?ua=1

WHO. (2014). Clinical Practice Handbook for Safe Abortion. Retrieved from: http://apps.who.int/iris/ bitstream/10665/97415/1/9789241548717_eng.pdf?ua=1

WHO. (2015). Health Worker Roles in Providing Safe Abortion Care and Post-Abortion Contraception. Retrieved from: http://apps.who.int/iris/bitstream/10665/181041/1/9789241549264_eng.pdf?ua=1&ua=1

WHO. (2018). Medical management of abortion. Retrieved from: https://www.who.int/reproductivehealth/publications/medical-management-abortion/en/

SPONSOR

Ipas/ DKT.

Room 4

SYMPOSIUM: MIDWIVES ARE KEY TO COUNTING CARE AT BIRTH – THE EVERY NEWBORN – BIRTH INDICATORS RESEARCH TRACKING IN HOSPITALS (EN-BIRTH) OBSERVATIONAL STUDY

ICMBALI-1095 - Midwives are key to counting care at birth – The Every Newborn – birth indicators research tracking in hospitals (EN-BIRTH) observational study

H. Ruysen[1], *L.T. Day*[1], *T. Tahsina*[2], *P. ten Hoope-Bender*[3], *J. Lawn*[4]

1 *The MACRCH Centre- The London School of Hygiene & Tropical Medicine, Infectious Disease Epidemiology, London, United Kingdom*
2 *International Centre for Diarrhoeal Disease Research, Maternal and Child Health Division, Dhaka, Bangladesh*
3 *United Nations Population Fund UNFPA, Sexual and Reproductive Health, Geneva, Switzerland*
4 *London School of Hygiene & Tropical Medicine, Professor of maternal- reproductive & child health and Director of MARCH Centre- Department of Infectious Disease Epidemiology, London, United Kingdom*

PURPOSE OF THE SESSION

Data are essential to drive change and ensure we achieve Sustainable Development Goals and Universal Health Coverage (1). The last decade has seen a shift with more women choosing to give birth in a facility than ever before, however progress towards reducing preventable maternal and newborn mortality is slowing (2, 3). Stronger accountability mechanisms are key, driven by high quality reliable data. The *Every Newborn* Action Plan, agreed by all United Nations member states, includes an ambitious Measurement Improvement Roadmap (1, 4) highlighting an urgent need for validated maternal and newborn healthcare indicators. Routine facility data has potential, yet validation research has mainly focused on maternal report surveys (4–6).

To address the gap, the EN-BIRTH study observed > 23000 births in three countries (Tanzania, Bangladesh and Nepal). Most of these were midwife attended, but there was a shockingly high rate of Caesarean births. The study assessed the validity of register data to measure indicators for maternal and newborn health (MNH). The team involved many midwives as research leaders and observers. Important findings have implications for daily midwifery practice in recording information, and for national and international tracking of indicators for maternal and newborn care, and measuring quality of care.

1ST PRESENTATION

Petra Ten Hoope Bender: Welcome

Why does measurement matter? Midwives role in reducing stillbirths and neonatal mortality. How data are key to drive and measure change.

Midwives count for data

Data you want, data you need! Transforming and using the data – the role of midwives.

2ND PRESENTATION

Louise Tina Day: EN-BIRTH Study

What was done? Validation findings, Qualitative findings, Does C-section change care or measurement or both?

3RD PRESENTATION

Harriet Ruysen: EN-BIRTH supplement overview

EN-BIRTH study by the numbers – a midwife's view! What midwives do/what can be measured?

4TH PRESENTATION

Harriet Ruysen, Tazeen Tahsina (INC): Counting quality of care

What measures can we trust for high impact interventions at birth?

Uterotonics, Immediate newborn care practices, neonatal resuscitation, kangaroo mother care.

What to do now, and what next for routine data?

PANEL DISCUSSION: WHAT NEXT AND WHAT CAN MIDWIVES DO?

What do the findings mean for practise? Conflict between quality of care and quality of data?

What next? Feasibility and function.

Q&A

COMMON FOCUS

High quality health systems could prevent 1 million newborn deaths and half of all maternal deaths each year (7). Newborn deaths account for 47 % of all under 5 mortality and are by far the largest cause of early death (0–49 years)(8); most occur in settings with the least data (9). Midwives sit at the heart of maternal and newborn healthcare and are uniquely placed to drive improvements in data for decision-making and accountability, especially to ensure that the right people, have the right information, at the right level of the health system to improve outcomes for women and their newborns.

COHESION BETWEEN SECTIONS:

Each presentation builds on the last to provide increasing detail starting from the current global context for MNH data systems, complimented with more granular information on key EN-BIRTH findings. This culminates in an important panel discussion to explore the implications for midwifery practise and next steps.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY:

Midwives are the gate keepers to high quality maternal and newborn healthcare services and are on the front-line of service provision during the critical 24 hours surrounding birth. The high reporting load for many countries with multiple programmes, donors, and indicators, may result in the so-called data rich, information poor syndrome (10). In addition, front line healthcare staff are often responsible for recording data in multiple registers and patient records, sometimes at the expense of providing direct care for women and babies. The study aims to address this challenge and inform a shorter list of evidence-based indicators for national tracking that consider validity and utility in low-resource, high-burden settings, in addition to exploring the potential barriers and enablers for contemporaneous data collection and use. Midwifery staff are pivotal to sustaining reliable high-utility data systems, and have an integral role as care providers, data collectors, data users, and service managers among many other crucial functions within the health system.

REFERENCES

1. UNICEF. WHO. Every Newborn; An Action Plan to End Preventable Deaths. 2014.
2. Montagu D, Sudhinaraset M, Diamond-Smith N, Campbell O, Gabrysch S, Freedman L, et al. Where women go to deliver: understanding the changing landscape of childbirth in Africa and Asia. Health policy and planning. 2017;32(8):1146–52.
3. UNICEF. Place of Birth 2019 [Available from: https://data.unicef.org/topic/maternal-health/delivery-care/.
4. Moxon SG, Ruysen H, Kerber KJ, Amouzou A, Fournier S, Grove J, et al. Count every newborn; a measurement improvement roadmap for coverage data. BMC pregnancy and childbirth. 2015;15(2):S8.
5. Jolivet RR, Moran AC, O'Connor M, Chou D, Bhardwaj N, Newby H, et al. Ending preventable maternal mortality: phase II of a multi-step process to develop a monitoring framework, 2016–2030. BMC pregnancy and childbirth. 2018;18(1):258.
6. Day LT, Ruysen H, Gordeev VS, Gore-Langton GR, Boggs D, Cousens S, et al. "Every Newborn-BIRTH" protocol: observational study validating indicators for coverage and quality of maternal and newborn health care in Bangladesh, Nepal and Tanzania. Journal of global health. 2019;9(1).
7. Kruk ME, Gage AD, Joseph NT, Danaei G, García-Saisó S, Salomon JA. Mortality due to low-quality health systems in the universal health coverage era: a systematic analysis of amenable deaths in 137 countries. The Lancet. 2018;392(10160):2203–12.
8. Vos T, Abajobir AA, Abate KH, Abbafati C, Abbas KM, Abd-Allah F, et al. Global, regional, and national incidence, prevalence, and years lived with disability for 328 diseases and injuries for 195 countries, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016. The Lancet. 2017;390(10100):1211–59.
9. Lawn JE, Cousens S, Zupan J, Team LNSS. 4 million neonatal deaths: when? Where? Why? The lancet. 2005;365(9462):891–900.
10. Goodwin S. Data rich, information poor (DRIP) syndrome: is there a treatment? Radiology management. 1996;18(3):45–9.

ICMBALI-1204 - Childbearing women's perceptions of midwife-led care in a birth centre: a qualitative study in England

J. Marshall[1], *P. Jones*[1], *T. Stacey*[1]

1 *University of Huddersfield, Human and Health Sciences, Huddersfield, United Kingdom*

BACKGROUND

Despite evidence of the suitability and safety of out of hospital settings for birth, there is still general belief that birth is safer in hospital where medical personnel and technology are available. In England most births occur in an obstetric unit and although birth centres are available in many areas, these are often underutilised.

OBJECTIVES

To explore women's views and perceptions of midwife-led care in a freestanding birth centre.

METHODS

Focus groups and in-depth interviews were conducted with childbearing women in one area in the North of England. A total of 30 women were recruited via community midwives; 14 pregnant women and 16 who had given birth. Purposive sampling was used to ensure diversity in age and ethnic groups. Focus groups and interviews were conducted in a range of community settings and were audio recorded and fully transcribed verbatim. Thematic analysis was conducted using NVivo software. Full ethical approval was obtained for the study.

RESULTS

Many women were uncertain what a midwife-led unit or birth centre was and how this differed from other available birth settings. There was also uncertainty about the roles, responsibilities and training of those providing care. Considerable fear and panic was associated with labour and consequently the need to feel safe was paramount. A specific concern for many in relation to giving birth in a free-standing birth centre was the possible need for transfer during labour. Confidence and control emerged as important concepts relating to the above themes.

CONCLUSIONS

Relationships of trust between midwives and women during labour and birth and the provision of evidence-based information are crucial to allay fears and help women to feel confident when giving birth in a free-standing birth centre – particularly concerns relating to transfer during labour.

KEY MESSAGE

Recommendations will be made about how midwives might provide relevant support and information.

ICMBALI-1575 - Humanised birth: delivering a better future

L. Page[1], E. Newnham[2], T. McCreery[3], S. Byrom[4]

1 *KCL UTS Griffith and Oxford Brookes, Midwifery, Oxford, United Kingdom*
2 *Griffith University, School of Nursing and Midwifery, Meadowbrook, Australia*
3 *Community midwives, National maternity hospital, Dublin, Ireland*
4 *All4Maternity, Whalley, United Kingdom*

PURPOSE

To consider what humanisation means and to propose that it introduces a new way of thinking about the problems facing maternity systems and how to resolve them. Examples of how humanisation is developed and potential for application in differing countries will be considered. To discuss a campaign to humanise birth and help understanding.

DISCUSSION

There are two parallel problems that affect maternity everywhere, care that is too little too late (TLTL) and too much too soon (TMTS) (Miller et al 2016). Humanisation of birth, first developed in Brazil in the late 1990s, resolves these problems and develops quality, respectful, women centered care. Consideration of the philosophy of humanisation and a way forward has recently been developed in depth (Newnham et al. 2018).

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Humanisation of birth will deliver a better future. Humanised birth recognises the significance of birth to individuals, families and society and enhances the health and wellbeing of the baby, the woman becoming mother, and the integrity of the family. Promotion of short and long-term health and wellbeing includes both positive experience and optimal physical outcomes, and supporting a strong relationship between the baby, mother, and family.

Humanisation should overarch regulation, policy, politics, practice, education, science and knowledge and health service development. Humanised maternity care integrates human rights and scientific disciplines, including physiology of birth and relationship formation, epigenetics, and epidemiology.

EVIDENCE IF RELEVANT

Miller, S., Abalos, E., Chamillard, M, Ciapponi, A., et al (2016) Beyond too little, too late and too much, too such: a pathways towards evidence-based, respectful maternity care worldwide. Lancet, 388 (10056), 2176–2192

Newnham E, McKellar L & Pincombe J 2018. Towards the humanisation of birth: A study of epidural analgesia and hospital birth culture. Palgrave Macmillan, Basingstoke, UK.

KEY MESSAGE

Maternity care must change, humanisation of birth offers a holistic and effective approach.

ICMBALI-1105 - The global implementation of midwifery-led centers as an innovative maternity care solution: an observational case study

P. Pelletier-Butler[1]

1 *Thomas Jefferson University, Midwifery, Flagstaff, USA*

BACKGROUND

The call to decrease maternal mortality through the dissemination of midwives on a global scale requires innovative and effective options to assist with the deployment. To have long-lasting impact, these new and innovative ideas must be sustainable and applicable to the global community.

OBJECTIVES

The qualitative design of this study provided insight into a case study comparison of a midwifery-led center from a high-income, middle-income, and low-income country to assess the sustainability of this model of care from differing international economic perspectives.

METHODS

A descriptive, qualitative observational case study using in-depth interviews, facility field observation, non-participant observation, artifact analyses, and thematic analysis.

RESULTS

Demographic characteristics of the midwife sample showed strong similarities between all midwives in age, English fluency, length of employment and formal midwifery training. Artifact evidence from all three midwifery-led sites showed a total of 91.8 % of criteria were met across all sites. Document review evidence from all three midwifery-led sites showed a total of 84 % of criteria were met across all sites. Four overarching themes emerged from the midwife interview data: 1) Choosing to work at midwifery-led center; 2) Perceived barriers to receiving midwifery-led center care; 3) How the facility environment effects the birth experience; and 4) The importance of providing community support.

CONCLUSIONS

There are strong similarities and corroborative evidence shown between the three countries that the midwifery-led center is an innovative and sustainable model of care.

KEY MESSAGE

Global stakeholders have called for the deployment of midwives as an effective strategy to reduce maternal mortality and the information gathered from this study could be useful for all global organizations in their planning and implementation of policies and health promotion campaigns that are designed to improve maternal health. Further, the results of this study could be used to direct research on, and policy development for, midwifery-led centers from an international perspective.

ICMBALI-1874 - "Winning the PR game!" – remodelling an obstetric unit into a freestanding midwifery led unit under the shadow of concerns about safety of the service

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PURPOSE

In 2013, the South Wales Programme was released, a plan of re-configuration of maternity services for long term sustainability. On the site of an established Obstetric Unit (approx. 2000 births), a free standing midwifery led unit would emerge. In the 6 years that followed, the hearts and minds of the community, as well as clinicians were shaped to ensure the new model would be welcomed.

DISCUSSION

Midwives were "up-skilled". Interest in this model increased as knowledge and confidence grew and resulted some disappointment for those who were unsuccessful in attaining a position in the MLU. Two months prior to the planned opening an external RCOG/RCM report criticised many aspects of the entire maternity service and questioned whether the FMLU was ready to function.

At the same time, a heath authority boundary change was adopted, resulting in a health board, who's maternity population had grown overnight by one third.

Despite these challenges the FMLU launched and opened on 9th May 2019, with a team that was confident, competent and empowered to give high quality midwifery led care.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

To facilitate the change in philosophy, practice and roles with the multi disciplinary teams an action plan was written and utilised, the benefits of this approach and the lessons learnt will be of benefit to all

EVIDENCE IF RELEVANT

The Place of Birth Study (2011) gives a clear evidence of the safety and benefits of a freestanding midwifery led unit, however, ensuring an understanding of the evidence base and its application is a challenge. Marketing the FMLU model to all professional and the general public requires skill, expertise and significant commitment!

KEY MESSAGE

Exploring the resilience and tenacity required to achieve a model of care that we believe enhances women's experiences and safety but challenges some traditional views of maternity services both from health care professionals and the wider community.

ICMBALI-1406 - Timing of cord clamping in New Zealand: the TOCC study

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BACKGROUND

When an umbilical cord is left unclamped after birth, a significant proportion of the blood from the placenta will flow into the newborn, contributing to approximately one-quarter of total potential blood volume. There is limited research reporting cord clamping times internationally and none describing the practice in New Zealand.

OBJECTIVES

The objective of the TOCC study was to investigate cord clamping practice in New Zealand in light of the growing evidence for improved neonatal outcome with longer placental transfusion times.

METHODS

The TOCC observational study timed the cord clamping interval at 55 term vaginal births in a tertiary maternity hospital using a stopwatch. The data on the birth to cord clamping interval was measured against mode of birth (spontaneous or instrumental), maternal position for birth and the healthcare practitioners involved in the birth.

RESULTS

The median umbilical cord clamping time for all births in the TOCC study was 3.5 minutes. The median cord clamping time was likely to be longer when the woman had a spontaneous vaginal birth, in a side-lying position, with a midwife facilitating the birth and with no neonatal team present.

CONCLUSIONS

Cord clamping timing varied significantly in the TOCC study from a minimum of 14 seconds to a maximum of 34 minutes. Further discussion is warranted on how much difference it makes if a cord is left intact for one minute, three minutes or beyond. As well as on how we can achieve optimal cord clamping when newborn resuscitation or active management is indicated.

KEY MESSAGE

The future of cord clamping practice is in our hands.

ICMBALI-0899 - Midwives' practice wisdom about physiological placental birth following physiological labour

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BACKGROUND

In Aotearoa New Zealand (NZ), it is common for women to have a physiological third stage of labour (PTSL) following a physiological birth. NZ evidence suggests that PTSL following a physiological birth results in less blood loss than active management, and a lower incidence of postpartum haemorrhage. The literature largely omits midwives' experience and knowledge about PTSL.

OBJECTIVES

The objective of this study is to uncover how midwives in NZ facilitate the PTSL. It is anticipated that consensus can be reached about what constitutes a PTSL, and a definition agreed upon. Consensus may be reached on aspects of practice which support midwives to support women to achieve a PTSL following physiological labour and birth.

METHODS

The Delphi technique, an iterative quantitative non-experimental survey method used for obtaining consensus of expert opinion on a topic has been employed. The participants individually respond to the questions posed. The researcher reviews the expert responses and modifies the tool, which is then sent to the same participants, and the process of review and revision is continued (with a limit of four iterations for this study), aiming for 80 % consensus. Twenty participants will be recruited, who provide PTSL care for at least 30 percent of their caseload and who have a postpartum haemorrhage rate of less than four percent. Participants' responses will be analysed using descriptive statistics and thematic analysis of the comments. Any identifying features will be de-identified in research outputs. Ethics approval was received from Otago Polytechnic Research Ethics Committee (#810).

RESULTS

Data collection has commenced.

CONCLUSIONS

Results and conclusions drawn will be shared at conference.

KEY MESSAGE

The distillation of midwives' knowledge on PTSL will add to the existing body of knowledge about PTSL. Techniques, which may reduce blood loss, will potentially be uncovered. Consensus may be reached on what constitutes a PTSL.

ICMBALI-0773 - Impact of type of pushing during delivery on early neonatal morbidity – the EOLE study

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BACKGROUND

Maternal pushing techniques during the second stage of labor may affect maternal and fetal outcome.

OBJECTIVES

Our principal objective was to assess the impact of the type of pushing at delivery on the early neonatal morbidity.

METHODS

A multicenter randomized controlled trial at four French hospitals to compare closed-glottis with open-glottis pushing, both directed, at expulsion. Women in labor who had undergone standardized training in pushing were eligible if they had a singleton fetus in cephalic presentation at term. The randomization took place during labor at a website, in blocks of four to six. Our outcome was defined by defined by a 5-min Apgar score < 7 or an umbilical artery pH < 7.10 or need for resuscitation in the delivery room, or transfer to a neonatology department. All analyses were done in the intention-to-treat population. This study was approved by a French Institutional Review Board on May 21, 2015 (CPP Southeast VI, AU 1168).

RESULTS

Between July 9, 2015, and June 14, 2017, 255 women were randomized (5 subsequently excluded) and 125 allocated to each group. We found no significant difference between the groups for umbilical artery pH < 7.10. There were no newborns with a 5-min Apgar < 7 in the study and only two newborns in the open-glottis and one in the closed-glottis group were transferred to the neonatology department after birth. The mean umbilical artery pH was not different in the two groups (7.24 ± 0.07 vs. 7.23 ± 0.07, p = 0.73) as same as the mean umbilical venous pH.

CONCLUSIONS

The type of pushing used during delivery may not affect early neonatal morbidity. These results concerned principally women who gave birth with epidural analgesia (> 95 % of our sample).

KEY MESSAGE

Women should thus be able to choose the type of pushing they prefer to use during delivery.

ICMBALI-1965 - Choices made by women in pregnancy, birth and the early postnatal period, after a previous traumatic birth

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DESCRIPTION OF RESEARCH OR INNOVATION

A significant number of women experience childbirth as traumatic, with long-term negative sequelae. Little is known about the choices women make in subsequent pregnancy(s)/birth(s). This thesis explores relationships between women, information, support and trust. Nine pregnant UK-based women who had previously experienced a traumatic birth were recruited to a feminist GTM study, and were followed from early pregnancy to the postnatal period.

SIGNIFICANCE TO MIDWIFERY

Women gathered and analysed information from a variety of sources, making decisions throughout pregnancy in order to have the birth they wanted. Support from midwives was crucial. Anticipating a lack of support, women prepared for appointments as for battle. Once women met someone supportive, they experienced relief. If that support was denied, it was devastating. Women had difficulty in trusting midwives because of their previous experiences, and needed recognition that trust had to be rebuilt. Developing a trusting relationship during pregnancy made a positive experience more likely.

ICMBALI-0215 - A descriptive study of umbilical cord clamping practices by midwives, obstetricians and other medical officers working in birth units across Zambia

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3 *University of Technology Sydney, Acting Associate Dean- Teaching and Learning, Sydney, Australia*

DESCRIPTION OF RESEARCH OR INNOVATION

The World Health Organisation (WHO) has recommended a 60 to 180 seconds delay in the clamping of the umbilical cord at birth, to enable placental transfusion of a small volume of blood for the prevention of iron deficiency anaemia in children. Globally and in Zambia, the implementation of delayed cord clamping (DCC) has not received much attention from midwives and obstetricians therefore, the objective of this study will be to investigate current practices of midwives and obstetricians in Zambia on the timing of umbilical cord clamping at birth.

SIGNIFICANCE TO MIDWIFERY

The study is focusing on strengthening the prevention of avoidable maternal, and newborn deaths from iron deficiency anaemia, through diffusion of evidence based DCC into clinical practice.

It will have both policy and practical implications, which will depend on the practice rate of my research population.

ICMBALI-0329 - Introducing high-impact, integrated day of birth and post-pregnancy interventions in Kinshasa, Democratic Republic of Congo using an evidence-based on-site learning approach

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6 *Jhpiego, Maternal and Newborn Health, Kinshasa, Democratic Republic of the Congo*

BACKGROUND

In the Democratic Republic of Congo facility birth rate is 88 % yet improvements in maternal and newborn health (MNH) outcomes are stagnating. Over 24-months in 2018–2019, Jhpiego tested the effectiveness of a health workforce capacity building and quality improvement (QI) intervention to improve MNH outcomes in sixteen facilities in Kinshasa. Activities included training midwives, nurses, doctors, and establishing QI teams.

OBJECTIVES

Specific objectives include:

* Impact of the intervention on:
  - providers' skills retention
  - day-of-birth and immediate postpartum/post-abortion outcomes
  - intrapartum stillbirth, early newborn mortality
  - post-pregnancy family planning (PPFP) uptake
* Lessons learned on program acceptability and sustainability

METHODS

Capacity building and QI interventions were implemented in two phases, each with 8 facilities employing approximately 90 MNH providers. Intervention effects were assessed through (a) changes in provider knowledge and competencies at 6, 12 and 18 months post-intervention, and (b) comparing changes in health outcomes at 8 intervention facilities to 8 wait-listed (control) facilities, adjusting for clustering and facility-based attributes.

RESULTS

Midterm evaluation results in Phase1 sites

* Competencies in the day-of-birth, PPFP and post-abortion care were maintained – for example, day-of-birth competencies were on average 84 % at 6-months post-training.
* Postpartum hemorrhage decreased at double the rate as compared to Phasell sites.
* Measured together, intrapartum stillbirth and early newborn death decreased by nearly 50 %.
* PPFP adoption increased from 10 % to 16 %.
* Percent of women treated for uterine evacuation by manual vacuum aspiration or misoprostol increased from 45 % to 67 %.
* All QI teams were functional

Final results will be available by March 2020.

CONCLUSIONS

Over 6 months, use of an on-site evidence-based learning approach was acceptable, maintained competency, and improved day-of-birth quality of care and MNH outcomes.

KEY MESSAGE

An evidence-based learning approach was associated with provider competency retention, use of high-impact interventions and improved MNH outcomes in an urban low-resource setting.

ICMBALI-2300 - Assessment of maternal health services in South-East Nigeria

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BACKGROUND

Maternal health is crucial indicator of the quality of health care in any country. Ensuring access to skilled birth attendance helps to reduce maternal mortality and morbidity. In South-East Nigeria, there is limited evidence about the capacity of health facilities to provide skilled maternal healthcare and the performance of health facilities at the time of maternity care.

OBJECTIVES

Assessment of maternal health services in South East Nigeria (SEN).

METHODS

Descriptive Survey Research design was adopted for this study. Modified standardized facility inventory checklist, validated checklist for Maternal Health Service Provision and questionnaire on Maternal Health Care Service Utilization were used to collect data from randomly sampled 33 Facility managers, 162 Maternal Healthcare providers and 175 childbearing women. Ethical approvals were collected from 3 Federal Health Institutions in SEN. Data were collected from June 2018 to December 2018, analyzed in percentages and mean, hypotheses were tested using Kruskal-Wallis and Spearman's Rank Order Correlation at 0.05 level of significance.

RESULTS

Findings of the study revealed high availability of maternal health services. However, overall capacity to support quality maternal health services was low. Access to services provided during postnatal services was low across all levels of health facilities. Capacity to support skilled delivery of maternal health services as well as clients' satisfaction with services provided increased with the increase in levels of facility. There was no statistically significant relationship between training update and skilled provision of maternal healthcare.

CONCLUSIONS

Facility heads in collaboration with FMH/SMH should increase their efforts to improve capacity to provide skilled maternal health-care. Appropriate number of skilled maternal healthcare prodders should be employed and there should be proper distribution of skilled health personnel among various health facilities. Practicing midwives should bridge the theory-practice gap existing in health facilities in SEN.

KEY MESSAGE

The capacity of health facilities to deliver skilled health services is prerequisite to service quality.

ICMBALI-0593 - Geographic variation in maternal care quality in the United States

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BACKGROUND

Wide variations in the cesarean delivery rate among hospitals in the United Sates are not associated with maternal characteristics. These hospital variations may create geographic variations the maternal care quality measures of primary cesarean and vaginal birth after cesarean, especially in areas where women have limited access to maternity care.

OBJECTIVES

The purpose of this study was to evaluate the occurrence of geographic variation in indicators of quality of perinatal care in Georgia and to determine whether county-level characteristics such as access to midwifery were associated with clusters of high or low quality of perinatal care.

METHODS

Quality of maternal care was measured as the primary cesarean rate and vaginal birth after cesarean rate by maternal county of residence. Global Moran's I (Spatial Autocorrelation) was used to identify clusters of high- or low-quality counties. Characteristics of high- and low-quality cluster counties were compared using student's T-test and chi-square.

RESULTS

Spatial analysis of primary cesarean rate identified the presence of clusters (Moran's $I = 0.375$; $p < .001$). Compared to high quality clusters, counties in low quality clusters had less access to midwives, more deliveries paid by publicly funded health insurance compared to private insurance, higher proportion of births for women in minority populations, and were more likely to be rural.

CONCLUSIONS

In this sample, clusters of both high and low quality, measured by cesarean rates, were associated with county level characteristics such as presence of midwives. These regional variations may contribute to, or be exacerbated by hospital level variation. Future research should investigate the relationship between regional access to care and hospital quality metrics.

KEY MESSAGE

Improvements in maternal care quality requires addressing county level variation in access to care in addition to hospital variation in cesarean rates.

ICMBALI-0523 - World health organisation (WHO) midwifery Network: connecting WHO collaborating centres to strengthen global midwifery education

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4 *University of Technology Sydney, Dept of Midwifery, Sydney, Australia*

BACKGROUND

WHO collaborating centres (WHO CCs) support WHO programmes across the world. Forty-five collaborating centres focus on midwifery and nursing, with many midwifery activities underway. To ensure a strong midwifery presence in the wider Global Network of Nursing and Midwifery Collaborating Centres, a WHO Midwifery Network was formed at ICM 2017.

AIM

To demonstrate how the WHO Midwifery Network contributes to strengthening midwifery education globally.

METHOD

We describe the Midwifery Network's contribution to quality midwifery education for safe evidence-based care, with examples from collaborating centres across the WHO regions:

1. Western Pacific Region: WHO CC University of Technology Sydney (UTS) - Maternal and Child Health Initiative (MCHI) in Papua New Guinea, building capacity of midwifery educators, obstetricians, clinical facilitators, and the midwifery association.
2. Region of the Americas: University of Michigan (UM) WHO CC for Research and Clinical Training in Health - collaborating to implement the first master's degree program in midwifery in Haiti.
3. Region of the Americas: University of Chile WHO CC for Development of Midwifery – collaboration with PAHO in the Maternal Health Training Project, aimed at increasing the number of healthcare workers trained competently in maternal and child health in 8 Latin American countries. Also, introducing Competency Based Education in the region has been a core task.
4. European region: Cardiff University WHO CC for Midwifery Development – development of the Midwifery Assessment Tool for Education (MATE) an evidence-based guide for member states wishing to strengthen and/or develop midwifery education. Collaboration with partners from Eastern Europe.

CONCLUSION

Common themes, successes and challenges in these projects will be identified, demonstrating how collaboration through the Midwifery Network contributes to strengthening midwifery education globally. The insights have relevance to developing global midwifery education.

ICMBALI-0854 - Implementing continuity of midwifery care for Aboriginal women in four maternity services in Victoria, Australia

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6 *Western Health, Aboriginal Health Policy & Planning, Melbourne, Australia*

BACKGROUND

In Australia, maternal mortality, low birthweight, preterm birth, perinatal death and infant mortality are substantially higher for Aboriginal and Torres Strait Islander mothers and babies. Numerous government reports and inquiries have recommended that strategies to improve outcomes are urgently needed. Caseload midwifery is considered to be the 'gold standard' in maternity care, and is associated with better clinical and psycho-social outcomes; however few Aboriginal women have access to this model.

OBJECTIVES

We are undertaking a large National Health and Medical Research Council funded Partnership Project which aims to assess the research translation capacity of maternity services to implement, embed and sustain a caseload model specifically for Aboriginal women (and non-Aboriginal women having Aboriginal babies).

METHODS

During 2017 and 2018, one regional and three metropolitan Victorian public hospitals began implementing and proactively offering caseload midwifery to Aboriginal women. We are measuring clinical outcomes, caseload uptake, economic impact, and acceptability of the model. Ethics approval has been obtained.

RESULTS

Prior to the project commencing *Aboriginal women* were substantially less likely to receive caseload care. Since the model commenced at the first project site (March 2017), there has been a substantial increase in the number of Aboriginal women receiving caseload (from 34 to 620 to date). Challenges in implementation at two sites related to revision of industrial agreements and lack of staff across the health service.

CONCLUSIONS

Our findings show a substantial increase in uptake of caseload at the first sites to proactively offer caseload to Aboriginal women with qualitative data to date showing high levels of satisfaction. A crucial aspect of project success to date has been engagement and collaboration with key Aboriginal community stakeholders.

KEY MESSAGE

Models such as these can only succeed if they are based on the needs of women and their communities and ongoing consultation and engagement.

ICMBALI-1426 - Midwife experiences of providing continuity of carer: a qualitative systematic review

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BACKGROUND

Midwifery continuity of carer facilitates relational care and is the recommended model by WHO and current UK policy. Evidence shows relational models of care improve outcomes and maternity experiences. This model is associated with professional satisfaction for midwives but can pose personal challenges. This systematic review was undertaken to identify midwife experiences of providing continuity of carer, specific ways of working and the sustainability of the model.

OBJECTIVES

To offer insight into existing research on midwives' experiences of providing continuity of carer and generate further understanding of working in this way and strategies which sustain midwives in practice.

METHODS

Using a pre-designed search strategy six electronic databases were searched and the reference lists of eligible studies reporting qualitative data on midwives' experiences of providing continuity of carer. PRISMA guidelines were followed. 17 studies were included, author findings were extracted using JBI tools and synthesised using meta-ethnographic techniques. Review themes were assessed using GRADE CERQual.

RESULTS

The review identified five key themes and a line of argument synthesis that while midwives find the experience of providing continuity of carer professionally fulfilling, it can personally challenging and affect work-life balance. Ten of the studies identified specific strategies employed by midwives to protect their work-life balance and nine identified the importance of a shared philosophy and support from the organisation to sustain them in practice.

CONCLUSIONS

Midwives find providing continuity of carer professionally fulfilling and often personally challenging. Effective structure which is personally and contextually relevant for midwives, and alignment of the wider organisation with this model is necessary to sustain continuity of carer practice.

KEY MESSAGE

This review identifies the importance of a person-centred model which answers the needs of women and midwives, and is supported by the wider organisation, to sustain continuity of carer practice, and highlights key considerations for sustainable design and implementation in the future.

ICMBALI-0452 - Strength with immersion model (SwIM): new midwives employed within continuity models: evaluation of a Queensland state-wide initiative to strengthen capacity and support organisational change

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BACKGROUND

New graduate midwives (NGM) are keen, eager and passionate about delivering continuity of care (COC). However, most Australian NGMs have little option about the model of maternity services they can enter at initial registration. Health service consensus dictates that NGMs rotate the maternity services to consolidate their midwifery education. Thus, NGMs working in continuity of care from initial registration is a political issue in Australia.

OBJECTIVES

The aim of this research was to evaluate the clinical impact and outcomes of integrating NGMs into COC programs with public maternity services in Australia.

METHODS

Ethical approval was granted from the University of the Sunshine Coast and Hospital and Health services involved in the study. Data was collection from three sources; · Surveys from NGMs·

Focus groups / interviews with mentor midwives.

Perinatal data outcomes for the women receiving care from the NGMs, compared to the maternity unit statistics.

RESULTS

Realistic Evaluation was used in a mixed method design. Realistic evaluation investigates complex social organisations using the underlying principle: *what might work, for whom and in what circumstances*. Quantitative data were analysed using measures of central tendency to describe the measures and cohorts. Qualitative data were thematically analysed, with key themes identified from focus group / interviews according to Braun and Clarke's framework.

CONCLUSIONS

NGMs working in COC initially carried a smaller workload and were supported by a coach and supervised by experienced midwives within the COC. Transitioning NGMs directly from graduation into COC results in confident practitioners, able to demonstrate skill in critical decision making, collaborative practice, and an increased awareness of the responsibility and accountability of their role. Placing NGMs in COC models does not pose any risk to women and babies.

KEY MESSAGE

Newly qualified midwives employed in continuity of care models can provide safe, effective care to women when supported within midwifery group practice.

ICMBALI-0506 - Power and control: the experiences of Privately Practising Midwives (PPMs) in Western Australia

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BACKGROUND

PPMs are thought of as a relatively new concept; however, until the early twentieth century, birth in Australia was generally at home with a midwife. The first Australian midwives were untrained, came on ships bringing convicts to Australia and are described as accidental midwives, as assistance in childbirth came from whoever was available at the time. Throughout the early 1800s untrained or 'lay' midwifery care continued alongside the trained midwives who had arrived with the colonists. The decline of midwifery as an independent profession began in the early twentieth century as nursing and medicine began to encroach on traditional midwifery practice.

OBJECTIVES

This study documents and discusses the experiences, social pressures, values and attitudes of the PPMs in Western Australia (WA).

METHODS

This qualitative feminist study explores the history and experiences of PPMs in WA using oral history interviews with currently practising and retired PPMs and doctors.

RESULTS

The research explored a number of themes including 'Power and control of the institutions' and its subthemes 'Persecution and reporting of midwives' and 'Legislation, red tape and jumping through the hoops. These themes describe how the medicalisation of birth, within the medical model, enabled the institutions to gain 'power and control' over the midwives who did not subscribe to the medical ideology.

CONCLUSIONS

The difference in ideology and the power of the institutions has led to the suppression of autonomous midwifery practice. This paper explores the experiences, social pressures, values and attitudes of privately practising midwives in Western Australia from the 1970s until the present date and provides insight into the experiences of these midwives who have struggled against the medicalisation of birth and the patriarchal institutions.

KEY MESSAGE

Barriers to midwives providing woman-centred care are the medicalisation of birth and the patriarchal institutions.

ICMBALI-0229 - Roadmap for upgrading family welfare visitors to international confederation of midwives standard in Bangladesh

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BACKGROUND

Bangladesh has been trying unsuccessfully for decades to establish a professional midwifery cadre. Between 1975 and 1990, approximately 5,000 Family Welfare Visitors (FWVs) were deployed in Union level health facilities. The government is committed to ensuring universal coverage of skilled attendance at birth at all level of health facilities, in an effort to reduce maternal and neonatal morbidity and mortality. Building the midwifery workforce remain an emerging priority, and in order to ensure quality care of delivery services, FWV training could be improved to meet International Confederation of Midwives (ICM) standards.

OBJECTIVES

Conduct a feasibility assessment of revising FWV training to meet ICM standards, assessing the knowledge and service delivery gaps that exist and recommending steps to address them.

METHODS

In 2016, Jhpiego, in technical collaboration with ICM and funded by UNFPA, conducted a comprehensive situational and feasibility assessment, a thorough review of key documents and practices, and consultations with stakeholders. The training curriculum and job descriptions of FWVs were reviewed and mapped against ICM competencies for basic midwifery practice. The stakeholder consultation included policy makers, technical partners, curriculum designers, trainers, and FWVs to understand their perceptions regarding training quality and practice challenges.

RESULTS

The assessment found significant gaps in 5/7 dimensions of essential competencies. Educators face many challenges in providing learning opportunities to ensure that future practitioners acquire necessary practical competencies to deliver quality maternal and neonatal care. This applies to FWVs and possibly more so as they are re-positioned as skilled birth attendants.

CONCLUSIONS

Situational and feasibility assessment, paired with stakeholder review, can advance efforts to expand professional midwifery.

KEY MESSAGE

1) Situational and feasibility assessments are effective tools to identify service and capacity building gaps.
2) This assessment provided insight for policy guidance to Ministry of Health for advancing FWVs, improving their knowledge and skill set through in-service training.

Room 9

CONCURRENT SESSION: REGULATION 1

ORAL PRESENTATION

ICMBALI-0933 - Midwifery practice at crossroads in Pakistan: time for government ownership, stewardship and accountability

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PURPOSE

About 34 % births in Pakistan are home based while 31 % of all deliveries are conducted by traditional birth attendants (TBAs). 9 million pregnancies occurring in Pakistan each year, 2.8 million are delivered at home by TBAs.

To address unsafe home-based deliveries, Government of Pakistan introduced a new cadre, Community Midwives (CMWs) in 2007 for deployment in rural areas where the majority of home births take place.

DISCUSSION

Jhpiego is working with UNFPA to strengthen midwifery practice regulations in Pakistan. During these efforts, various barriers and concerns were raised by CMWs. If these are not addressed, it will be difficult to retain CMWs. Challenges include low community acceptance, lack of regular government employment and opportunity to practice at health facilities,inability of rural women to pay fees to private providers when a major proportion can seek free services from providers of basic health facilities,lack of referrals by community or facility based providers, harassment by male members of community and a meagre stipend upon completion of training that is insufficient to open a private birth clinic. Research reveals high attrition and turnover rate of CMWs.

Our findings are consistent with global evidence highlighting the need to improve midwifery practice regulations in developing countries. The reinforcement of regulation through development of legislation for midwifery, a recognized definition and strengthening of midwives' associations would bring marked improvement in maternal health outcomes in Pakistan.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Midwives must be provided with regular government employment supplemented with in-service trainings and career growth opportunities.

EVIDENCE IF RELEVANT

National Institute of Population Studies (NIPS) [Pakistan] and ICF. 2019. *Pakistan Demographic and Health Survey 2017–18*. Islamabad, Pakistan, and Rockville, Maryland, USA: NIPS and ICF.

KEY MESSAGE

Without addressing the issues and constraints faced by CMWs, the target of achieving universal coverage of skilled birth attendants will not be possible in Pakistan.

ICMBALI-0694 - Fitness for registration – development of a joint international outcomes-based assessment of midwives

P. Halloran[1], *S. Calvert*[1]

1 *New Zealand Midwifery Council, Policy, Wellington, New Zealand*

PURPOSE

This presentation will discuss the development and implementation of a consistent assessment process of internationally qualified midwives for practice in Australia and New Zealand. It will discuss how differences in requirements have been managed, the implications for applicants and how two regulators working under different legislation and practice frameworks have been able to successfully work together.

DISCUSSION

There is international demand for midwives and as a consequence there is international movement of the workforce across many jurisdictions. Before midwives can work in international settings outside of their country of education, a formal registration process is undertaken. As part of the process regulators make assessments of an applicant's ability to enter the register and be legally enabled to practise. Regulators also have legislation with which they must comply that impacts on decisions and outcomes for individuals. New Zealand and Australia have different regulation legislation and models of midwifery practice however the Trans-Tasman Mutual Recognition Act enables individuals registered in one jurisdiction to be registered and practice in the other. When international applications for registration are approved any midwife accepted in one country can subsequently be registered and practice in the other.

The Midwifery Council of New Zealand and the Nursing and Midwifery Board of Australia have an interest in ensuring that there is consistency of assessment processes across both jurisdictions. Following the development of an outcomes-based assessment framework for Australia, both regulators have agreed to work on the development of a joint outcomes-based assessment process.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

The development of an assessment of internationally qualified midwives means that regulators can be assured that applicants for registration are safe and competent to practice across both countries.

KEY MESSAGE

This work demonstrates the ability of regulators across countries to develop a consistent approach to the assessment of midwives that has the potential to used more broadly internationally.

ICMBALI-1993 - The long journey towards midwifery law in Indonesia

E.N. Indomo[1]

1 *Health Polytechnic Jakarta III, Midwifery, Jakarta, Indonesia*

BACKGROUND

Midwives has an important role in maternal and child healthcare including women's reproductive health and family planning. Midwifery care is carried out in hospitals, health centers, health post in villages and independent midwife clinics.

A survey from the ministry of health in 2017 showed that midwives has significant contribution to Maternal and Child Health care (ante natal 82.4 %, childbirth 63 %, family planning 76.6 %).

Nevertheless, the law on professional recognition and midwifery practice has not been regulated.

PURPOSE

This paper provides an overview of the long journey towards forming the midwifery laws in Indonesia.

PROJECT

Strengthening Midwifery Regulation.

DISCUSSION

In 2005 and 2009 the Indonesian Midwives Association (IBI) and the Indonesian Nurses Association (PPNI) submitted midwifery and nursing laws. There were arguments regarding combining the nursing and midwifery regulations as a nursing law. IBI proposed the Nursing and Midwifery law.

The health ministry was proposing a law on health workers and categorized them. IBI proposed midwifery as a separate profession. After a long journey of persuasion and lobbying the government, IBI was succeeded to convince them that nursing and midwifery are different professions. In 2015 IBI then again, proposed the midwifery law. During this time, IBI advocated the parliament, government, and the Obstetric Gynecology and Pediatric association. Finally on March 15, 2019 Midwifery Law was ratified.

APPLICATION

IBI has struggled in the last 15 years to propose midwifery law in order to improve the quality of midwifery care, promote midwives education, provide legal protection and acknowledge midwives as an essential profession in promoting the maternal and child healthcare.

REFERENCES

1. Health Workforce Law number 36, 2014
2. Midwifery Law number 4, 2019
3. Government Degree number 32, 1996
4. Ministerial Degree number 28, 2017
5. Health Survey by Ministry of Health, 2017

JOHNSON'S® Importance of parent-child touch, connection & bonding in a post-pandemic world: how midwives can guide parents to use everyday routines to support healthy baby development

Jodi A. Mindell (USA)
Maria Hernandez-Reif (USA)
Pamela Dalton (USA)

This program is part of the Midwife Learning Series brought to you by JOHNSON'S®.

Most neurons in the brain are formed in utero, whereas synaptic connections occur through experiences and interactions after birth. By age three, 85 % of baby's brain is developed, highlighting the importance of early nurturing relationships. Mother-baby bonding is essential and everyday care routines provide opportunities for connection, which may be more important than ever in a post-pandemic world. Attendees will reinforce their knowledge on bonding through touch and other sensorial stimulation and learn strategies to help parents optimize care in our "new normal".

LEARNING OBJECTIVES

In this informative panel discussion attendees will reinforce their knowledge on bonding through touch and other sensorial stimulation and learn about:

- Early brain development and the critical role of early, consistent, predictable, and nurturing, relationships between baby and parents
- The power of sensorial stimulation, including touch, sound, and the role mother's face plays in infant engagement and maternal bonding
- The science of the sense of smell in utero and after birth, the role it plays in development, with commentary on Covid19 loss of the sense of smell (asnomia), and a call to action for regular screening in early child development
- The importance of a consistent sleep routine for infants and pandemic challenges that families may face
- How to help parents optimize care in our "new normal" through everyday care routines as touchpoints for connection and bonding

SECTION SUBTITLES

Maria Hernandez-Reif, PhD – Brain Development – Early Experiences Matter!

Pamela Dalton, PhD, MPH – Making Sense out of Scents

Jodi A. Mindell, PhD, DBSM – The Science Behind Infant Sleep Routines

Wednesday, 23 June, 12:00 PDT
Parallel sessions 13

Using the ICM Essential Competencies for Midwifery Practice (2019)

Carolyn Levy (Canada)
Karyn Kaufman (Canada)

OBJECTIVES FOR THE WORKSHOP

1. Increase awareness of the Essential Competencies for Midwifery Practice.
2. Describe the structure and intent of the revised competencies.
3. Describe how the Essential Competencies for Midwifery Practice can be used for multiple stakeholders and purposes.
4. Explore issues in implementing the competency framework.

The most recent version of the Essential Competencies for Midwifery Practice was adopted by the ICM Council in 2019. The revision is based on research about the benefits of midwifery care and data from an international survey of midwives. The competencies set forth the knowledge and skills required for providing comprehensive autonomous midwifery care for women and their infants within a wide variety of health care systems. This presentation provides an overview of the competency framework and discusses its multiple uses. There will be opportunity to discuss issues in implementing the competency framework for a variety of user groups.

ICMBALI-0213 - How do midwifery students understand the concept of being 'with woman'

L. Kuliukas[1], Z. Bradfield[1], P. Costins[1], R. Duggan[1], V. Burns[1], L. Lewis[1], Y. Hauck[1]

1 Curtin University, Midwifery, Perth, Australia

BACKGROUND

Australian midwifery students experience a variety of models of care through clinical placement in public and private hospitals and through the Continuity of Care Experience (CCE), where students follow women over the continuum of maternity care. Midwives' interpretation of being 'with woman' is now beginning to be understood, however, there is little evidence to describe the student perspective.

OBJECTIVES

To explore and describe the understanding and experiences of being 'with woman' from a cohort of Western Australian student midwives.

METHODS

A qualitative descriptive design was used. Nineteen student midwives from undergraduate and post graduate midwifery courses in Australia participated, following ethical approval. Data were collected from transcribed interviews and thematic analysis identified similar perceptions and experiences of being 'with woman'.

RESULTS

Two overarching categories were identified: 1. 'An understanding of being 'with woman' and 2. Experiences of being 'with woman', each comprising of four themes: 1.: Enabling Informed Choice; Creating a connection; Keeping the woman at the centre of care; and Being 'with woman occurs in all contexts. 2.: Exposure to positive role models; Being aware that learning the skills of being 'with woman' develops over time; 'Continuity of Care facilitates being with woman; and The impact of student role and workload.

CONCLUSIONS

Being 'with woman' is central to midwifery practice and the skills to achieve this are interpreted and translated by midwifery students in clinical practice. Students found the continuity of care experience valuable in helping explain being 'with woman'. Findings can inform how the understanding of being 'with woman' can be intentionally introduced into curricula.

KEY MESSAGE

The Continuity of Care Experience, a requirement of Australian student midwives to follow women through their maternity care journey, provides students with the opportunity to understand and apply the meaning and value of being 'with woman'.

ICMBALI-1070 - International & digital midwifery workplace learning network: the first step in Rwanda

D. Mukamana[1], H. De Grave[2], A. Muhayimana[3], M. Embo[2], J. Murekezi[4], O. Tengera[3]

1 *University of Rwanda, School of Nursing and Midwifery, Kigali, Rwanda*
2 *Artevelde University of Applied Sciences, Midwifery, Ghent, Belgium*
3 *University of Rwanda, Midwifery, Kigali, Rwanda*
4 *King Faisal Hospital, Maternal and Child, Kigali, Rwanda*

BACKGROUND

Global inequalities in quantity and competencies of health care providers globally pose a threat to achievement of Sustainable Development Goals. Rwanda and other developing countries face a health care workforce challenges, particularly midwives. To enhance midwifery competencies and workforce, VLIR/UOS funded a project from 2018 to 2019 between the University of Rwanda (UR) and the University College Arteveldehogeschool Ghent, Belgium.

OBJECTIVES

The main objective of this study is to assess the perception of mentors, students, supervisors about the paper-based portfolio and the e-portfolio and therefore decide on the type of portfolio to adopt.

METHODS

Design-based research methodologies are used to explore if the competency-based continuous workplace learning model (Embo et al., 2015) and the e-portfolio are feasible for clinical education in Rwanda. The ethical clearance was obtained from IRB-CMHS. Mentors and supervisors from two clinical settings and students from the UR were selected and interviews have been conducted about their perception on the use of a paper-based portfolio. December 2018 they were enrolled and trained about the use of e-portfolio. Mentors and supervisors from both hospitals (n = 8) supervised midwifery students from UR (n = 12). The second interview was conducted on the use of e-portfolio. The comparison was made between the two portfolios.

RESULTS

Findings revealed that both Paper-based and e-portfolios improved clinical teaching and learning for midwives. The e-portfolio was the preferred tool, it was user friendly, interactions with users were frequent. The paper-based portfolio was time-consuming, expensive due to the cost of paper to be printed before being submitted to the clinical mentors.

CONCLUSIONS

The process shows that digital workplace learning is complex and incorporates all educational components.

KEY MESSAGE

Midwifery schools and hospitals in Belgium and Rwanda launched an International and digital Midwifery Workplace Learning Network to contribute to the midwifery capacity building. This Network fits to the worldwide mission of the ICM.

ICMBALI-0230 - Nurturing autonomy in student midwives through a student led antenatal clinic in South East Queensland

V. Hamilton[1], *K. Baird*[1], *J. Fenwick*[1]

1 *Griffith University, School of Nursing & Midwifery, Meadowbrook, Australia*

BACKGROUND

In Australia midwifery students are expected to spend approximately 50 % of their program in clinical practice. Therefore, the clinical environment is pivotal to the student's learning experience.

OBJECTIVES

The aim of this study was to explore the experiences of midwifery students who provided continuity of midwifery care to women through a student led antenatal clinic (SLANC) at a tertiary hospital.

METHODS

Qualitative descriptive design was utilised. Ten students were invited and agreed to participate in a one off in-depth digital recorded interview. Thematic analysis was used to analyse the data set. Ethical approval was obtained.

RESULTS

The over-arching theme, *'In the driver's seat',* captures the students enhanced sense of engagement, autonomy and agency that the clinic offered them. There were three contributing subthemes. *'Nurturer in the background'* which describes how their lecturer positioned themselves presenting the student the freedom to manage the appointment whilst receiving gentle guidance. *'Time to provide holistic continuity of midwifery care'* demonstrated the benefit to learning when students had the time to get to know the woman, practice their assessment skills and engage in meaningful dialogue. The final sub-theme *'Growing in confidence and feeling empowered'* reflected to positive consequences of being in a high quality learning environment where students felt able to take on the role of primary carer.

CONCLUSIONS

High quality and supportive clinical teaching and learning experiences are vital for ensuring the student midwife develops into a competent practitioner who is fit for registration. Students experiences within the student led clinic promoted confidence, competence, and a sense of autonomy and also prepared them well for the transition to practice as a registered midwife.

KEY MESSAGE

The student led antenatal clinic offered students an opportunity to care of their continuity of care woman within a supportive environment where they were afforded the ability take on the role of the primary midwife.

ICMBALI-0285 - Students' experience of "hands off/hands on" support for breastfeeding in clinical practice

A. Taylor[1], *G. Bennetts*[1], *C. Angell*[1]

1 *Bournemouth University, Midwifery, Bournemouth, United Kingdom*

BACKGROUND

Evidence suggests that mothers benefit from skilled professional information and support to be able to continue breastfeeding for as long as they wish (Law et al., 2007). A 'hands on' approach to support breastfeeding mothers and babies has been associated with maternal distress and embarrassment, affecting their ability to self-help and resulting in a loss in confidence to breastfeed successfully (McIntyre and Fraser 2018). Anecdotally midwifery students disclosed that 'hands on' practice is widely used by midwifery mentors which contradicts with university learning.

OBJECTIVES

This study aimed to explore student midwives' observations and feelings about 'hands on/hands off' breastfeeding support by midwives in practice.

METHODS

Student midwives completed an online questionnaire. Quantitative and qualitative data were collected using a Likert scale and open questions. Ethical approval was gained from the University Ethics Committee.

RESULTS

108 out of 203 midwifery students, practising at 9 different hospitals in the South of England, participated. The 'hands on' approach was the most commonly witnessed approach on the delivery suite, whereas the 'hands off' approach was the most commonly witnessed approach in community settings. Five themes were discerned from the qualitative data demonstrating organisation culture, midwives' attitudes to support for breastfeeding, midwives' approach to students, emotions evoked in midwifery students, and students' approach to support when constrained by midwives' practice preferences.

CONCLUSIONS

Contrary to best practice 'hands on' approach appears to be common practice in some areas of maternity services in UK.

KEY MESSAGE

Post qualifying education for midwives needs to focus on supporting breastfeeding mothers and babies using a 'hands off' approach. In addition, education for student midwives needs to include the development of advocacy skills so that they are empowered to support mothers with a 'hands off' approach and to effectively challenge midwives who persist in 'hands on' practice.

Room 3

WORKSHOP: MEMBRANES MATTER- AVOIDING ARTIFICIAL RUPTURE OF MEMBRANES IN LOW RISK LABOUR

ICMBALI-1861 - Membranes matter- avoiding artificial rupture of membranes in low risk labour

A. Farry[1], *C. Mellor*[2], *T. Krishnan*[1]

1 *AUT, Midwifery, Auckland, New Zealand*
2 *Auckland District Health Board, Midwifery, Auckland, New Zealand*

THE LEARNING OUTCOMES

1. Discover the meaning of Ahuru Mowai (literally "safehaven" meaning Membranes in Te Ao Maori).
2. Discuss Being "born in the caul" – is it important?
3. Explore the history of ARM in low risk labour, examine current practice of ARM in low risk labour.
4. Examine the physiology of membranes.
5. Critically explore the measurement of labour progress and
6. Explore new definitions and management of stalled labour.

THE PROCESS/ACTIVITIES

LO 1 and 2:
A guided visualisation of how a baby experiences ARM.
A movie Ahuru mowai – a 5-minute musically accompanied sand art representation of the meaning of membranes in Te Ao Maori.

LO 3 and 4:
Membranes Matter – a 20 minute multidisciplinary movie, outlines the results of a recent audit in regards to ARM in an Auckland Hospital followed by a team of research midwives and an obstetrician outlining the importance of membranes. "Ahuru mowai" and "Membranes Matter" movies are linked below using vimeo:(you may need to cut and paste the link inot "chrome"). https://vimeo.com/316244298/61722bb0f https://vimeo.com/316244577/e99f9853d9

LO 5 and 6:
WHO and NICE statements on labour progress are examined.
HALO tool is presented using a powerpoint with the 8 key evidence based messages.

AUDIENCE PARTICIPATION

The opening guided visualisation engages all the members of the audience.

After the movie the audience are asked to share their "take home message" in small groups and then some of these will come to the large group.

The workshop finishes by highlighting the importance of a safe, warm, undisturbed environment for BOTH mother AND baby.

REFERENCES

New Zealand College of Midwives. (2008). Consensus Statement Artificial Rupture of Membranes: Christchurch, New Zealand.

National Institute for Health and Care Excellence. (2014). *Intrapartum care – Care of healthy woman and their babies during childbirth*. Retrieved from London: https://www.nice.org.uk/guidance/cg190/chapter/Recommendations.

Oladapo, O. T., Diaz, V., Bonet, M., Abalos, E., Thwin, S. S., Souza, H., Gülmezoglu, A. M. (2017). Cervical dilatation patterns of 'low-risk' women with spontaneous labour and normal perinatal outcomes: a systematic review. *BJOG: An International Journal Of Obstetrics And Gynaecology*. doi:10.1111/1471–0528.14930.

O'Driscoll, K., Jackson, R., & Gallagher, J. (1969). Prevention Of Prolonged Labour. The British Medical Journal(5655), 477.

Smyth, R., Markham, C., & Dowswell, T. (2013). Amniotomy for shortening spontaneous labour. The Cochrane Library.

World Health Organisation. (2018). *WHO recommendations: Intrapartum care for a positive childbirth experience*. Retrieved from Geneva: http://www.who.int/reproductivehealth/publications/intrapartum-care-guidelines/en/.

SPONSOR

We had help form Home Birth Aotearoa, Waitemata Districh Health Board, AUT University in creating this material.

Room 4

SYMPOSIUM: SOLVING THE PROBLEM OF GROUP B STREPTOCOCCUS DURING PREGNANCY THROUGH NOVEL APPROACHES

ICMBALI-1170 - Solving the problem of Group B streptococcus during pregnancy through novel approaches

M. Sharpe[1], V. Shah[2], M. Khalil[3], I. David[1], K. McGrath[1], L. Ambrose[1]

1 *Ryerson University, Midwifery Education Program, Toronto, Ontario, Canada*
2 *University of Toronto, Peadiatrics, Toronto, Canada*
3 *Lillebaelt Hospital, Obstetrics & Gynaecology, Kolding, Denmark*

PURPOSE OF THE SYMPOSIUM

Group B Streptococcus (GBS) is a major concern for pregnancy, babies and care providers. This symposium aims to bring attention to emerging strategies to GBS management such as prevention through manipulation of the vaginal microbiome through hygiene practices and probiotic ingestion; rapid PCR test as a screening tool intrapartum, and the development of a GBS vaccine. The symposium will be grounded by challenges to the current approach of prophylactic intrapartum antibiotic treatment, contrasting this against an environment of antibiotic resistance and a paucity of research on its effectiveness in the prevention of EOGBSD. Scholars from Midwifery, Microbiology, Obstetrics and Gynecology, and Neonatology will discuss various approaches to improving GBS management and the methodologies and evidence behind their individual areas of expertise. Our objective is to bring awareness of the complex challenges and opportunities with GBS management strategies to midwives across the globe to help inspire action and provide the best possible care to parturients and their babies.

1ST PRESENTATION

Dr Mohammed Khalil – Rapid PCR Test

Resistance to antibiotics is a common and growing problem and there is concern about the effect that the administration of antibiotics during birth has on this normal process. The intrapartum rapid test may be one solution to treating only those who are GBS positive at onset of labour, especially for the most vulnerable including preterm labours and those with unknown GBS status.

2ND PRESENTATION

Dr Vibhuti Shah – Systematic Review

The 2014 Cochrane Systematic Review challenges our dependence on intrapartum antibiotic prophylaxis (IAP) for GBS, stating "There is a lack of evidence from well designed and conducted trials to recommend IAP to reduce neonatal EOGBSD." Though IAP appears to reduce EOGBSD, this result may well be due to bias and there are concerns of overuse of antibiotics, antibiotic resistance and the fact that 65 % of incidences of EOGBSD occur when the birthing parent has tested GBS negative at 35–37 weeks. The author will reflect on her work on the Cochrane review, as a neonatologist and her experiences with EOGBSD, as well as her role as co-investigator on a clinical trial investigating the utility of probiotics to reduce GBS colonization status in pregnant women.

3RD PRESENTATION

Dr Mary Sharpe – Microbiome "manipulation" (probiotics/hygiene practices)

Probiotics taken prenatally may reduce the risks associated with GBS colonization and sustain the 'normal' (non-medicalized) course of care, which is central to Midwifery practice. Probiotics are safe in pregnancy and specific subtypes of these bacteria have been evidenced to prevent other urogynecological infections. Recent studies suggest that probiotic prophylaxis may also be a promising low-risk strategy to reduce the risks of GBS colonization, as well as the risks and inconvenience associated with IAP. The promotion of commensal bacteria and the prevention of pathogenic bacteria also appears to be influenced by vaginal hygiene practices, which will be explored as part of this presentation.

COMMON FOCUS

The symposium unites the mutual goals of the researchers and clinicians to understand and optimize the health of the vaginal microbiome in an effort to prevent GBS-associated infection and disease in the pregnant person and the neonate, prevent unnecessary interventions antenatally, intrapartum and in the postpartum, and improve public health efforts at screening, prevention and treatment. The symposium will elucidate the links between current GBS management and its disruption of normal birth and the microbiome, and reflect on novel screening, diagnostic tools and simple interventions that help facilitate normal birth and prevent neonatal infection. Furthermore, the symposium may identify potential new areas of inquiry through innovation across disciplines.

COHESION BETWEEN SECTIONS

Introduction to topic & themes by Symposium Chair, Mary Sharpe (5 mins).

Individual presentations, 20 mins each, with Symposium Chair introducing each presented and linking the next presenter (60 mins).

Summary of presentations and implications for midwifery explained (5 mins).

Panel discussion with questions and answers from audience to conclude (20 mins).

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Partnerships made between researchers and clinicians during the symposium will be central in advancing evidence-based strategies and new areas of research inquiry and research recruitment. *"The origins of many diseases are hugely influenced by the health of the mother, and as friendly and unfriendly microbes clearly play a major role…we must start prioritizing the female microbiomes."* (Women & Their Microbes) http://www.womenandtheirmicrobes.com/female-microbiome-initiatives/.

Room 5

SYMPOSIUM: PROMOTING THE YOUNG LEADERSHIP OF THE MIDWIVES IN LATIN AMERICA AND THE CARIBBEAN (SPANISH SYMPOSIUM)

ICMBALI-0894 - Promoting the young leadership of the midwives in Latin America and the Caribbean

M.T. Solis Rojas[1]

1 *Universidad Nacional Mayor de San Marcos, Lima, Peru*

PURPOSE OF THE SYMPOSIUM

Purpose of Symposium: To present the implementation of the Young Midwives Leaders Program (YML) developed by UNFPA LACRO in Latin America and the Caribbean, different key aspects as Coordinator (how the program is organized and managed), Mentor (as facilitator of the development of the modules), Mentee (as a young professional midwife who formulates and executes a project for the development of midwifery in your country or scope of work) and how the capacities are installed in the countries.

1ST PRESENTATION

Lead Facilitator: Mirian Solís Rojas (Peru)

mentor of the Young Midwives Leaders Program (2013–2014) and technical advisor of the Young Midwives Leaders Program (2017–2018); also, She has been board member ICM (2011–2014) standing for Latin America.

She will present background and purpose of Young Midwives Leaders Program developed from UNFPA LACRO: In the period 2004–2007, the Young Midwives Leaders Program was launched as a strategy that supports the strengthening of professional midwives' associations for education, regulation and association of midwifery in the countries through the International Confederation of Midwives (ICM).

With a team made up of collaboration of UNFPA LACRO / ICM / FLO / CMR, the following programs have been carried out:

2013–2014 II YML Program (Latin America and the Caribbean)

2015–2016 III YML Program in the Caribbean

2017–2018 IV YML Program in Mexico

2018–2019 V YML Program in Argentina

The main purpose of the Young Midwives Leaders Program is to establish a leadership culture within the midwifery associations, so that competent midwives and midwifery services are available to meet sexual and reproductive health needs of all women and newborns in the country and the region.

2ND PRESENTATION

Guadalupe Hernández (Mexico)

presents her experience as a Mentor and National Coordinator of Young Midwives Leaders Program in Mexico (2017–2018). It will develop the elements of the organization of the YML Program: Mentors and how the mentees are selected based on a profile and the mentors are trained with 4 modules to develop their role of mentoring. Each mentee is assigned a mentor, both mentor and mentee (diada) develop 18 modules with readings and application works whose objective is for the mentor to accompany the apprentice to develop leadership skills, look for opportunities for the mentee to participate in activities in which can observe actions of advocacy and empowerment of the midwife. During the development of the program, the mentee develops a project guided by their mentor that has an impact on the strengthening of midwifery in their country.

3RD PRESENTATION

Andrea Matos (Peru)

as a mentee of the YML Program (2013–2014) she will presents her experience and recommendations for the development of the modules. She presents her MACAT project applied at the Colegio de Obstetras del Perú (Peru Midwifery Association).

4TH PRESENTATION

Sandra Lopez (Paraguay)

as a mentee of the YML Program (2013–2014) she will present how her experience on the YML Program helped her put her leadership skills into practice in her current position as President of the Asociacion de Obstetras del Paraguay (Paraguay Midwifery Association).

COMMON FOCUS

Development of the Young Midwives Leaders Program in Latin America.

COHESION BETWEEN SECTIONS

Presentation of the key points of the YML Program (Coordinator, mentor, mentee and projects) Presentation of the organization and management of the YML Program: Lessons learned as mentor and challenges.

Lessons learned as mentee and recommendations for the development of the YML program modules.

Examples of projects that has been develops for the mentee during the YML.

Impact – How YML program help put the leadership skills into practice in positions as President of the Midwife Asociation.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

The projects are applied to education, regulation and development of midwifery policies in the countries.

ICMBALI-0238 - A qualitative study of nulliparous women's decision making on mode of delivery under China's two-child policy

C. Gu[1], X. Zhu[2], X. Wang[1], H. Tao[1]

1 *Obstetrics & Gynecology Hospital of Fudan University, Department of Nursing, Shanghai, China*
2 *Obstetrics & Gynecology Hospital of Fudan University, Department of Obstetric Out-patient Clinic, Shanghai, China*

BACKGROUND

Decision making on mode of delivery is a process involved by both clients and health care providers. Under China's one-child policy, women had considered caesarean section as the optimal delivery mode to assure fetal safety. The Chinese government has launched a two-child new policy in recent years, making numerous families reshape their decision making on mode of delivery. In China maternity health care is an obstetrician-led model. Women receive antenatal care from obstetricians at hospital clinics. They lack adequate support in decision making about childbirth-related issues including mode of delivery.

OBJECTIVES

To explore nulliparous women's perceptions of decision making regarding mode of delivery under China's two-child policy.

METHODS

Twenty-one nulliparous women were purposively sampled until data saturation. In-depth semi-structured interviews were conducted between October 8th, 2015 and January 31st, 2016.

RESULTS

Two overarching descriptive categories were identified: (1) women's decision-making process: stability versus variability, and (2) factors affecting decision making: variety versus interactivity. Four key themes emerged from each category: (1) initial decision making with certainty: anticipated trial of labour, failed trial of labour, 'shy away 'and compromise, anticipated caesarean delivery; (2) initial decision making with uncertainty: anticipated trial of labour, failed trial of labour, 'shy away 'and compromise; (3) internal factors affecting decision making: knowledge and attitude, and childbirth self-efficacy; and (4) external factors affecting decision making: social support, and the situational environment.

CONCLUSIONS

At the initial period of China's two-child policy, nulliparous women have perceived their decision-making process regarding mode of delivery as one with complexity and uncertainty, influenced by both internal and external factors.

KEY MESSAGE

The obstetric setting should develop a well-designed decision support system for pregnant women during the entire pregnancy periods. It is recommended that midwifery care providers should assess women's preferences for mode of delivery from early pregnancy and provide adequate perinatal support and continuity of care for them.

ICMBALI-0794 - Development and implementation of a national context specific accreditation assessment tool for affirming quality midwifery education in Bangladesh: a cross sectional mixed-method study

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BACKGROUND

Midwifery has been recently introduced as a profession in Bangladesh. Sufficient quality education, both in theory and in practice, remain a challenge. Thus, in 2018, a context specific accreditation assessment tool for affirming quality midwifery education in Bangladesh was therefore developed and implemented.

OBJECTIVES

To describe findings from the implementation of an accreditation process, and to discuss priorities to strengthen midwifery education across Bangladesh.

METHODS

A cross sectional mixed-method study of all public nursing education institutions were carried out using data from 276 participants divided into forty focus group discussions with policy makers, regulatory authorities and educators involved in midwifery education and services in Bangladesh. Ethical clearance was obtained from Bangladesh's Directorate General of Nursing and Midwifery.

RESULTS

The general perception about the accreditation process was that it helped at identifying gaps and achievements related to midwifery education and practice useful for strategic planning. The lack of teaching aid and training equipment to meet accreditation standards, in combination with no separate midwifery faculty to deliver midwifery education, were perceived as challenges for successful implementation. Twenty-five percent of the institutions provided no opportunities for midwifery students to practice comprehensive sexual and reproductive healthcare and 30 % were not aware of the content of the courses and syllabi.

CONCLUSIONS

Suggested priorities are (i) the inclusion of clinical placement sites in future assessments, (ii) the introduction of an integrated feedback-appeal-response system, and (iii) the development of a system for improved communication links between educational institutions and clinical placement sites. With these priorities, Bangladesh is paving the way for the ICM global Midwifery Education Accreditation Programme to be implemented.

KEY MESSAGE

A context-specific accreditation assessment tool can be used as a benchmark from which to measure progress towards national and global milestones to ensure that students obtain required competences before graduating as registered midwives.

ICMBALI-1057 - What unregulated birth workers (UBWs) and women say about UBW practice in Australia: a national survey

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BACKGROUND

In Australia, accessing a homebirth through mainstream services is limited. Anecdotally, UBW (doulas, ex-registered midwives and lay birthworkers) supported homebirth is on the rise. No evidence exists to describe these phenomena.

OBJECTIVES

To explore the role, practice and training of UBWs in Australian from the perspective of women and UBWs, and to determine the reasons why some women choose their support for homebirth.

METHODS

Two surveys, one each for women and UBWs, were distributed via social media. Using Qualtrics software, data were collected for one month in 2016. Analysis of data occurred using descriptive statistics and a content analysis was undertaken on open-ended questions. Ethics approval no: H10281.

RESULTS

A total of 38 UBWs and 82 women participated in the surveys. Women choose an UBW supported homebirth due to: previous traumatic birth experiences; limited choice; and lack of access to midwifery led models of care. UBWs practice midwifery entirely within a holistic paradigm of care. Most women choosing a UBW achieved an undisturbed normal birth with a flexible carer who respected their choices irrespective of risk factors. Three women whose babies died described this as the worst experience of their life. Two thirds of women said they would birth outside the system for a future birth irrespective of legislation.

CONCLUSIONS

UBWs believe they provide services women want but cannot access. Australian maternity services do not meet all women's needs, leaving some feeling there is no other option but to seek an UBW homebirth.

KEY MESSAGE

Previous negative experiences with mainstream care; inflexible systems of care and limited access to funding for homebirth midwives were identified as motivating factors and require solutions to prevent homebirth going underground.

ICMBALI-1805 - Liminal care: how regulations affect access to midwifery care for legally vulnerable populations

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BACKGROUND

The past five years have seen a growing global migration crisis. Pregnant migrants have unique healthcare needs and face numerous health system deficits. Overlapping international and regional commitments of states towards migrants and refugees, coupled with domestic laws, policies and socio-political considerations create a complex web of rights, responsibilities, and procedures that families must negotiate just to secure basic maternity care. In a variety of jurisdictions, midwives are unable to serve these populations.

OBJECTIVES

Building on existing literature about migrant health and legal liminality, the objective of this project is to compare the evolution of regulatory and policy systems alongside significant changes in the immigration landscape to understand what key factors affect the ability of people with liminal legal status to access midwifery care.

METHODS

This study is a comparative historical analysis of health policy and legal developments in the United Kingdom, Canada and the United States between 1984 and 2019. These three countries represent three different histories of midwifery regulation. This period covers key midwifery regulation developments and significant health policy and immigration shifts in the three countries.

RESULTS

The results demonstrate that in systems where midwives are more integrated, they are more likely to also be able to serve legally vulnerable populations. For migrant populations, legal status has significant implications for the ability to access funded care and midwifery care. Political narratives about immigration and resource entitlement played significant roles in shaping medical regulatory reform, de-prioritizing access to care for legally vulnerable populations.

CONCLUSIONS

Midwives have the potential to provide crucial, compassionate and culturally appropriate care to vulnerable populations; however, regulatory restrictions limit the ability of providers to provide care to the populations who would most benefit.

KEY MESSAGE

This analysis shows that midwifery integration within the health care system and access to insurance shape the rights and responsibility of midwives.

ICMBALI-1853 - ACNM-ACOG interprofessional education curriculum development and implementation

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DESCRIPTION OF RESEARCH OR INNOVATION

The American College of Nurse-Midwives (ACNM) and the American College of Obstetricians and Gynecologists (ACOG) began planning interprofessional education opportunities for midwifery students and obstetrics-gynecology residents in 2014. Subsequently we received funding for three years from the Josiah Macy Jr. Foundation. Four demonstration sites involved in the project have developed a series of educational modules, utilizing the ACOG interprofessionally developed document Collaboration in Practice: Implementing Team-Based Care as a framework. Module topics include Patient centered care. Role clarification, Collaborative practice, Care transition and situational leadership, and Difficult conversations (between providers and with patients). Each demonstration site has also developed a variety of learning activities for residents and midwifery students such as skills labs, simulations, discussions, team presentations, and methods for putting midwifery students and residents together in the clinical setting.

SIGNIFICANCE TO MIDWIFERY

Education obstetricians and midwives together has the potential to strengthen the maternity care work force and improve care to women.

ICMBALI-1884 - Pregnant women's risk perception of the teratogenic effects of alcohol consumption in pregnancy

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BACKGROUND

There is ample evidence of the teratogenic effects of prenatal alcohol exposure, with long-term consequences throughout the entire life cycle. Nevertheless, research on risk perception of alcohol consumption among pregnant women is scarce.

OBJECTIVES

The study was aimed at determining pregnant women's risk perception of alcohol consumption during pregnancy, and whether said perception varies as a function of their educational level or obstetric factors, such as parity. The study also looked at whether their beliefs about the potential damage resulting from consuming alcohol during pregnancy vary with respect to the type of alcoholic beverage considered.

METHODS

A cross-sectional study was conducted with a random sample of 426 pregnant women(in their 20th week) receiving care at the out-patient clinics of a public university hospital in Seville (Spain). Data were collected through structured face-to-face interviews conducted by trained health professionals using a customised questionnaire. Data analysis included structural equation modeling.

RESULTS

Only 48.1 % of the sample indicated that the sequelae from alcohol consumption during pregnancy were life-long. The structural equation model showed that a lower risk perception about beer and wine consumption, and a lower educational level, were related to more frequent alcohol consumption. Furthermore, being in a relationship was associated with a greater risk perception of drinking beer or wine. Younger participants showed lower risk perception concerning beer consumption. Higher levels of education were related to a greater risk perception of beer.

CONCLUSIONS

Pregnant women were less aware of the risks involving the potential teratogenic effects from consuming beer and wine during pregnancy, compared to distilled beverages. Risk perception of alcohol consumption during pregnancy was positively correlated with educational level and inversely related with the self-reported frequency of alcohol consumption.

KEY MESSAGE

Healthcare institutions should articulate programs which facilitate health advice regarding alcohol consumption during pregnancy, particularly when providing care for women with low educational levels.

ICMBALI-2276 - La Salud Mental en la mujer gestante, un gran impacto en la etapa puerperal

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BACKGROUND

Mental health in Mexico continues to be an issue that is rarely addressed, the perinatal period is a stage of changes and adjustment for mothers, which can be complicated by the presence of stressful psychosocial factors and / or affective morbidity. Depression (Lara, 2015) during pregnancy is related to adverse fetal, obstetric and neonatal outcomes (Alder J 2017) as well as being a risk factor for postpartum depression (Ferreti F 2013).

OBJECTIVES

The mental health of the woman who goes to the antenatal service of a first level of care is evaluated with the CES-D instrument to assess mental health in pregnancy and in puerperium.

METHODS

A descriptive, cross-sectional and experimental study was carried out, with a sample of 285 pregnant women in the period from March 2018 to February 2019, not including the previous diagnosis of depression, anxiety or diagnostic psychiatric illness. They were applied in prenatal surveillance by professional midwifery CES - D exam, later in the third trimester, based on the changes of pregnancy and frequent insomnia among users and after that the same test is applied in the puerperium.

RESULTS

36 % of the captive women were positive in the exam applied in the prenatal surveillance, they were sent to the psychology service where they evaluated and 28 % of the users were diagnosed with a mental illness of which 13 % required psychiatric treatment. In the puerperium, 42 % were obtained with positive test.

CONCLUSIONS

The study makes recognize the importance of a detection of the professional midwife in the subject of mental health to avoid complications that put the woman and her family at risk. The continuous training of health personnel in this area should be a priority to provide treatment to pregnant women in this condition, so I propose that clinical and non-clinical staff be trained in emotional first aid.

ICMBALI-0477 - Early abandonment of exclusive breastfeeding in adolescent mothers

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PURPOSE

Objective: To identify the factors related to the abandonment of EBF in adolescent mothers up to 2 months of the infant's life.

DISCUSSION

Descriptive study, carried out in seven family health centers in the district of San Bernardo, Chile. The population were mothers from 15 to 19 years old, who met the inclusion criteria and the sample included 105 mothers who took the child for childcare consultation, between October/2014 and April/2015. Data was collected through an interview in which a previously tested instrument was applied. The conceptual hypotheses for the abandonment of the EBF were related to the process of breast feeding and maternal, family and infant characteristics. Results: The prevalence of EBF was 68.8 %. Among the variables related to the abandonment of the EBF, the following stand out: use of a pacifier (68 % of the mothers who dropped out against 20 % of those who maintained the EBF); pain in the first breastfeeding (60 % versus 41.8 %); perception that the child was not satisfied after being breastfed (52.3 % against 9 %).

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Know and identify early factors related to the abandonment of the EBF among adolescent mothers helps in the allocation of resources for the promotion and accompaniment of these mothers and their children, guiding the implementation of Midwifery actions, in order to extend the duration and the success of breastfeeding.

EVIDENCE IF RELEVANT

Conclusion: The use of a pacifier, as the main factor related to the early abandonment of the EBF, coincides with the scientific literature.

KEY MESSAGE

- Considering the benefits of exclusive breastfeeding up to 6 months of age of the infant, it is essential to determine the most at risk groups for early abandonment of the breastfeeding.
- Among adolescent mothers, the significant variables concerning the EB were maternal perception of milk quality, pacifier use and pain.pain in the first breastfeeding.

ICMBALI-1812 - Perceptions and experiences of immigrant pregnant women regarding the care provided by midwives during childbirth: respecting their rights

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BACKGROUND

Chile has increased the influx of immigrants, mainly women of reproductive age. The assistance of immigrant women in contexts other than their country, as well as in processes of high social vulnerability such as childbirth, is a great challenge for midwives.

OBJECTIVES

To explore the perceptions and experiences of immigrant pregnant women regarding the care received by midwives during childbirth.

METHODS

Qualitative exploratory study in immigrant women in maternity wards in Santiago, Chile. Theoretical sampling for convenience. The information was collected through in-depth interviews (16) and focus groups (4) enough to saturate it. Study approved by Ethics Committee. All participants signed informed consent. Analysis: After transcription, the information was codified and categorized according to content analysis technique.

RESULTS

Five categories were identified associated with attention by midwives: relationship with midwives and knowledge of their role in Chile, the impact of these in coping with pain, the meaning of accompaniment, a satisfaction of needs and expectations. In general, they still do not know the role of the midwife, however, they are mostly satisfied with the care received. It also highlights the lack of expectations regarding reproductive care.

CONCLUSIONS

Because immigrant women are unaware of our role but are satisfied with our attention, it is a window of opportunity to gain their trust and impact on favoring and improving their reproductive-health, respecting their culture and rights. It is recommended to socialize our role with immigrant pregnant women, as well as internalize ourselves as midwives in their perception about their care to promote their health in situations of greater vulnerability with focus on their own needs.

KEY MESSAGE

The importance that immigrant pregnant women give us in satisfying needs, such as the company and management of pain during childbirth, allows us to focus on clinical aspects such as these, which allow them to receive equal attention and without discrimination.

ICMBALI-0156 - Recommendations for the scaling up of midwifery led continuity of care models based on an evidence based quality framework

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BACKGROUND

Midwifery continuity of care, commonly known as Midwifery Group Practice (MGP), is defined as care provided to women through pregnancy, birth and the early parenting period by a small group of midwives. Midwifery Led continuity of Care has been shown to be beneficial for women and babies.

OBJECTIVES

The objective of this study was to research opportunities for the expansion of MGP in one Australian hospital using an evidence based quality framework; the Quality Maternal Newborn Care (QMNC) framework.

METHODS

A qualitative descriptive approach used focus groups and interviews to understand pregnant women and new mothers and midwives and obstetricians experiences of the existing MGP and identify any gaps in the service. Thematic analysis was undertaken, the findings were then mapped to the components of the QMNC framework. This process allowed the researchers to develop recommendations for expansion based on the quality aspects of MGP.

RESULTS

The following themes were identified: Professional friendship, getting ticked off for the model, preparing women for MGP, a process of enculturation and ways of working. We then proposed the following recommendations for expansion; provide a high level of *continuity* to *strengthen women's capabilities*, organise care to be *accessible* and *acceptable* to women, provide women with information and *tailor care to women's needs and circumstances*; ensure a named obstetrician and midwifery manager for collaboration with MGP to demonstrate an *appropriate division of roles and responsibilities*; midwives work in pairs how they want either on call or on a roster as *care providers who combine clinical knowledge with interpersonal and cultural competence*.

CONCLUSIONS

The QMNC framework provides a tool to discover the best quality aspects of maternity services and recommendations for expansion of this gold standard of midwifery care.

KEY MESSAGE

Through mapping maternity services to the QMNC framework the positive aspects of a model can contribute to the expansion of MGP.

ICMBALI-1447 - Scaling up continuity of maternity carer – an interactive decision-making framework and toolkit

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BACKGROUND

In Australia, there are 11 predominant models of maternity care operating (Donnolley et al., 2016). Midwives can provide 87 % of all maternity care (Renfrew et al., 2014), however less than 8 % of Australian women can access midwifery continuity of care (Homer, 2016).

PURPOSE

Develop an interactive decision-making framework (DMF) to increase continuity of carer models.

PROJECT

Queensland Health procured PricewaterHouse Coopers to build the electronic tool to support health services plan, develop and transition to contemporary evidence informed models. The DMF supports services to contextualise delivery of continuity of carer to local circumstances. Considerations included service demand, geographical circumstances, required resources, and optimal maternity outcomes. Steps undertaken to inform tool development included a literature review, site visits and a forum canvassing the collective vision of service leaders, clinicians and consumers. The essential components for the interactive tool were refined between all stakeholders. A library of complementary resources to further inform health services during their redesign process accompanies the DMF.

DISCUSSION

In building the DMF four areas for health service consideration were identified (*strategy* – the evidence for change; *structure and process* – aspects for effecting change; *people* – stakeholders and community; *technology* – access and application). Fifteen Queensland Hospital and Health Services with a maternity service tested the tool providing confidence for use. Facilities have used the tool in rural and metropolitan sites to review, redesign or implement midwifery continuity of carer models.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Scaling up continuity models attracts and retains a workforce, facilitates midwives working to full scope, strengthens the profession and improves health outcomes.

EVIDENCE IF RELEVANT

Midwifery continuity derives improved outcomes for mothers and babies compared to other models (Sandall et al., 2016).

KEY MESSAGE

The DMF has applicability to other similar jurisdictions looking to expand continuity of carer models.

ICMBALI-1147 - Expanding influence – developing evidence for health service level interventions

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BACKGROUND

Evidence based practice requires good quality research to determine which interventions work best. The "gold" standard for intervention research is the randomised control trial (RCT). There are methodological limitations associated with this for multi-site level interventions. The assumption of independence of variables for RCTs is not valid when researching multiple sites, within and between which there may be clustering or differences. The cluster randomised trial (CRT) accommodates these. Using a multi-site study as a case study, the implications for this research design at each step of the process will be presented.

OBJECTIVES

Evaluate the effect of an intervention package of training and clinical facilitation on the quality of management of labour by midwives in primary level rural health facilities.

METHODS

Pragmatic cluster randomised trial with 12 month follow-up.

Sampling: Seventeen clusters stratified by geo-political region and size of service; 1020 labour records (60 per cluster; systematic random sample); and all (154) registered midwives employed in the study sites during the study period.

Intervention: Clinical facilitation training package for selected experienced midwife managers, and an intrapartum educational update for midwives.

Outcomes analysed at the individual level using regression methods, allowing for clustering.

RESULTS

The intervention arm demonstrated better quality partograph completions (13.6 % (95 % CI: 0.16 to 0.25), p = 0.026); higher midwives' knowledge and skills (6 % (95 % CI: 2.1 to 12.3), p = 0.006), while those in the control arm deteriorated over time.

CONCLUSIONS

Providing continuing professional education and support to midwives to enhance knowledge and skills, addressing barriers to the utilisation of the partograph, and arranging midwifery staffing that optimises quality clinical practice in intrapartum care settings is critical.

KEY MESSAGE

Research design must accommodate dynamics between sites of practice in order to inform practice guidelines and health policy for quality care.

ICMBALI-0547 - The midwifery model estimator – a business costing tool for scaling-up midwifery continuity of care in health and hospital services in Queensland, Australia

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BACKGROUND

Expansion of cost-effective Midwifery Continuity of Care (MCoC) is a priority for women in Australia and a key feature of government policy. To scale-up MCoC hospitals and health services require costing and decision-making tools.

OBJECTIVES

To showcase the Midwifery Model Estimator, a custom - built interactive costing tool. The Estimator was developed for Queensland Health as a component of the Midwifery Continuity of Care Costing Toolkit (2019). The tool supports development of robust business cases for service re-design. This enables scale up of MCoC.

METHODS

The Estimator uses National Hospital Data Collection and Queensland - wide averages to estimate costs. Included are costs associated with any in-patient health-service use in Queensland public hospitals (labour through to 1 year postpartum for mother and child). Relative risk calculation for each intervention and resource use was calculated. Women who received MCoC were compared to all others.

RESULTS

Cost benefit relative to proportion of women receiving MCoC is achievable. Local data can be used to show potential cost saving through different scenarios of MCoC in hospitals of differing size / classification. Provider value for each intervention avoided and funder value associated with different activity was shown for: caesarean section, induction, epidural, episiotomy, NICU and Special care nursery admission, and vaginal birth.

CONCLUSIONS

This cost tool supports preparation of business cases for scaling up MCoC. Expanding MCoC addresses the triple aim of improving the experience of care, improving the health of populations, and reduces per capita costs of health care.

KEY MESSAGE

The Midwifery Model Estimator supports scaling-up MCoC. The tool has broad application and can be used in other countries.

ICMBALI-1233 - Duration of the latent phase of labor: characterization and outcomes associated with longer latent phase among low-risk women in spontaneous labor

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BACKGROUND

Little is known about the full duration of the latent phase of labor or if duration predicts labor processes or outcomes.

OBJECTIVES

Characterize entire latent phase duration th, 90th, and 95th percentiles) and perinatal processes/outcomes.

Evaluate the association between latent phase duration at five points of distribution (mean, median, 80th, 90th, and 95th percentiles) and perinatal processes/outcomes.

METHODS

Our cohort (n = 1281) included women without a history of cesarean receiving intrapartum midwifery care, ≥ 21 years old, and in spontaneous labor with a term (37+ weeks' gestation), non-anomalous, singleton, live and vertex fetus. Onset of latent labor was identified by women's self-report of symptom onset. We used t-tests, logistic regression, sensitivity analysis, and survival analysis.

RESULTS

Latent labor duration (in hours) was longer for nulliparous women (median = 9.0, mean = 11.8) than multiparous women (median = 6.8, mean = 9.3). Women with longer latent phase durations were significantly more likely to be diagnosed with labor dystocia [e.g., ≥ 80th % (vs. < 80th %) nulliparous = aOR 5.10 (3.14–8.28); multiparous = aOR 7.98 (4.75–13.4)] and more frequently received interventions (amniotomy, oxytocin, epidural) during active labor or second stage. Neonates born to multiparous women with latent phase labor durations at and beyond the 80th % were more frequently admitted to the NICU [≥ 80th % (vs. < 80th %) aOR 2.63 (1.17–5.94)]. Women with longer latent phase experienced longer active phase and second stage.

CONCLUSIONS

Latent labor duration was longer than described in previous U.S. studies. Longer latent labor duration may signal longer total labor processes, increasing dystocia, interventions to manage dystocia, and epidural use.

KEY MESSAGE

Women's hospital admission during the latent phase may be a result of longer latent labor duration rather than a true causal risk factor for intervention-use. Longer latent labor in multiparous women may signal underlying complications that lead to NICU admission.

ICMBALI-0181 - Posterior labour and manual rotation: where are the midwives?

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PURPOSE

Occiput posterior (OP) position during labour is associated with a cascade of medical intervention and associated with higher rates of operative births. Internationally caesarean births are increasing and a leading indication for caesarean section is failure to progress or labour dystocia in second stage due to malposition.

DISCUSSION

Manual rotation is a simple procedure that was first documented in 1888 and has been used by midwives and obstetricians since the 1930s to increase the chance of spontaneous vaginal birth for OP positioned babies. Manual rotation seems to have fallen out of favour in midwifery practice and is a declining skill. Midwives surveyed are accepting of manual rotation and consider their scope of practice to reduce medical intervention in a common variation of normal labour positions.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Persistent OP position in labour is a variation to the common occipito-anterior position for babies and poses challenges to both mothers and midwives. With guidance and upskilling midwives have at their disposal the instruments of their hands to de-escalate the rate of medical intervention occurring in the second stage of labour for OP positioned babies.

EVIDENCE IF RELEVANT

There is consensus in the literature that manual rotation is an effective technique worth considering by midwives. Successful manual rotation performed in the second stage before labour becomes pathological, will reduce the need for medical augmentation in second stage, contribute to an increase in spontaneous vaginal birth and a reduced rate of caesarean birth therefore reducing maternal and fetal morbidity from operative births. Results of the Australian POP-OUT double-blinded multicentre randomised controlled trial underway should inform professional guidelines and support manual rotation training for midwives.

KEY MESSAGE

Manual rotation by midwives contributes to protecting, supporting and enhancing the physiology of labour and spontaneous vaginal birth.

ICMBALI-0459 - Admission, primiparity, latent phase

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BACKGROUND

We disclosed that the emotions and needs of expecting primigravias are often neglected before admission to the delivery room. In addition, they face major changes in physical, mental, social and interpersonal aspects. Not only the experience physical discomfort during the latent phase, but also experience the pressure of playing the new role as mothers. As a pregnant women in oriental, countries they also been put much burden on them to carry on the family line expectations from their families.

OBJECTIVES

The purpose of this study is to understand the expecting experiences of primigravidas before admission to the labor room in a medical center in Central Taiwan.

METHODS

Design: A qualitative study based on in-depth individual interviews and analysed with the Colaizzi method (1978). Setting: the study was conducted at a medical center in Central Taiwan with 1292 deliveries in 2016. Participants: Twelve term-pregnant primigravidas aged between 20–43 years old who sought help at the labor room during the latent phase of labor and were refused admission.

RESULTS

Primigravidas in the latent phase of labor who were rejected admission to the labor room had the following experience: (1) the sense of uncertainty; (2) the sense of mis-matchedness; (3) Insecurities of leaving the safe area (labor room); (4) Strategies to avoid admission refusal; (5) Facing the helplessness due to families' pressure; (6) The feeling of powerlessness.

CONCLUSIONS

Primigravias admitted to the labor room in the latent phase of labor experienced major changes in physical, mental, social and interpersonal aspects. As pregnant women in Taiwan, they not only experience physical discomfort during the latent phase of labor, but also have pressure from their families' expectations. Thus, they need midwives and nursing staff to provide correct information, professional support, and confirmation of the normality of the labor progress.

KEY MESSAGE

Admission, Primiparity, Latent phase.

ICMBALI-1078 - Lean-forward position training at third trimester in pregnancy on the fetal position during labor

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4 *Dongguan maternal child health hospital, Dongguan, China*

BACKGROUND

No-supine position and free of movement during labor are believed to reduce the rate of malposition and increased rate of spontaneous labor, less instrument delivery. It was stated that Lean-forward position as the hands-and-knees position resulted in the widest pelvic, which facilitated the descent and spinning of fetal head, lower the incidence of shoulder dystocia, can also help converting the occipito-posterior presentation to occipito-anterior during labor. Whether women's position during pregnancy can influence the fetus position are not clearly stated. It is assumed that when women in lean-forward position, her abdomen is suspended, and the fetus' s back will be turned forward by the gravity hence increased the incidence of OA position. The hypothesis of this study is that lean-forward position training at third trimester will resulted in higher rate of fetus in OA position.

OBJECTIVES

To explore the effect of lean-forward position training for women in third trimester on the position of fetus when the labor started.

METHODS

Low-risk women with single fetus at vertex position were enrolled at 36 wks and randomly divided to experimental group and controlled group (162 cases for each group). experimental group received special lean-forward position daily, controlled group had free position. Fetus position at the beginning of labor and the process of labor were recorded and compared.

RESULTS

the experimental group had higher rate of fetus in OA (78.39 %(127/162)than that in controlled group (61.73 (100/162))($\chi 2 = 10.727$, $P = 0.001$), higher rate of normal birth(74.1 %(120/162) than in controlled group (63.6 %(103/162). No difference of postpartum hemorrhage and neonatal asphyxia between two groups.

CONCLUSIONS

lean-forward training of women in late pregnant period had increased the rate of fetus in OA position and increasing normal vaginal birth.

KEY MESSAGE

Women had ean forward position daily at late pregnant period will increase the rate of fetus at OA position at the beginning of labor, with higher rate of normal vaginal birth.

Room 10

PARTNER FUNDED SESSION: JOHNSON & JOHNSON FOUNDATION – YOUNG MIDWIFE LEADER HOUR

Johnson & Johnson Foundation – Young Midwife Leader Hour

Ann Yates (Netherlands)
Bartholomew K. Kamlewe (Zambia)
Sebabatso Connie Tsaoane (South Africa)
Neha Mankani (Pakistan)
Bounmy Inthavong (Canada)
Sylvia P. Hamata (Namibia)
Tekla Mbidi (Namibia)
Samson Udho (Uganda)
Harriet Nayiga (Uganda)
Olajumoke Adebayo (Nigeria)
Luseshelo Fanny Simwinga (Malawi)

From 2019–2021, the International Confederation of Midwives (ICM), coordinated a Young Midwife Leader (YML) programme, with the support of Johnson & Johnson Foundation.

The programme has strengthened the capacity of select young midwives (35 years of age or younger) to be the national, regional or global midwifery leaders. The participants in this ICM YML programme have formed a community of practice, and will continue to collaborate with each other and other midwives and Midwives' Associations to advocate for and support the profession.

At the 2021 ICM Virtual Congress, the 60-minute YML Hour aims to facilitate a dialogue which will determine the barriers and enabling factors for young midwives to adopt leadership positions. Perspectives will be encouraged from pre-registered participants with an equitable distribution between young midwives, defined as 35 years of age or younger and other midwives 36 years of age or older who have experience in positions of influence or leadership. This session will aim to encourage dialogue between midwives who hold differing positions and have various ages to gain perspectives of the enablers and barriers for young midwives being accepted into leadership positions.

The dialogue will be divided into three segments of 20 minutes each.

The first segment of 20 minutes will be a moderated YML panel discussion to present the findings from a pre-congress survey related to the topic of young midwives in leadership positions.

The second segment will consist of virtual break-out rooms where smaller groups can discuss in more detail a particular finding from the survey.

The final segment will be a moderated summary of the small group discussions.

The results from the pre-congress survey and the input from the participants during the 2021 ICM Virtual Congress YML Hour session will inform the development of position statements or other publications related to the leadership potential of young midwives. All survey results and workshop discussions will be de-identified.

Wednesday, 23 June, 14:00 PDT

UNFPA: The Role of the Midwife in Comprehensive Abortion Care

Marie Klingberg-Allvin (Sweden)
Francelle Kwankam Toedtli (USA)
Sharmin Sultana (Bangladesh)
Jaydeep Tank
Maria Florencia Francisconi (Argentina)

Session sponsored by UNFPA

PURPOSE

To realize rights and choices for everyone, and to successfully end preventable maternal deaths, a comprehensive approach to sexual and reproductive health and rights is essential. Comprehensive abortion care (CAC) is one of the key components of this comprehensive approach and should be accessible to the full extent of the law. At the International Conference on Population and Development, and the subsequent Nairobi Summit, nations committed to ending preventable maternal deaths, including by improving access to comprehensive abortion care to the full extent of national laws, preventing unsafe abortion and upholding the rights of women and girls to bodily integrity, autonomy and reproductive rights. Midwives have a critical role to play in realizing this vision.

The ICM position statement on midwives' delivery of abortion-related services states that, "a woman who wants or needs abortion care is entitled to be provided with such services by midwives". Increasing the number of midwives who have the competencies to perform comprehensive abortion care, specifically medical and surgical abortion and provision of post abortion care including family planning, increases access to procedures and improves outcomes for women.

This session will explore the role midwives can play in providing CAC in various geographic and policy-legal contexts ranging from less to more restrictive. Panelists will engage with this topic through the lens of multilateral organizations, international, non-governmental organizations and professional associations.

DISCUSSION

The discussion will include the following components:

- Understanding the role of the midwife in the provision of comprehensive abortion care, including barriers and challenges
- Policy and other reforms that have enabled midwives to expand their scope of practice to include comprehensive abortion care
- The role of professional associations in supporting midwives to provide abortion care and inter-professional collaboration in supporting the delivery of comprehensive abortion care
- Clarifying what role midwives can play in more restrictive policy and legal settings as well as newly liberalized settings

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Together these presentations and examples give a diverse picture of the role that midwives can play in delivering high quality comprehensive abortion care. Lessons can be drawn from various geographic regions and policy-legal contexts to inform the empowerment of midwives to fulfill their potential to provide various elements of comprehensive abortion care.

KEY MESSAGE

Midwives have an important role to play in providing comprehensive abortion care that can be informed by learning from various contexts and experiences of implementation.

Wednesday, 30 June

Wednesday, 30 June, 04:00 PDT
Parallel sessions 14

ICM & Ariadne Labs: Advocating for the Enabling Environment for Midwives and Midwife-led Care

Neel Shah (USA)
Katherine Semrau
Rose Molina (USA)
Sally Pairman (Netherlands)
Sheila Clow (South Africa)
Sharmina Rahman (Bangladesh)
Luba Butska (Canada)

The purpose of this session is to discuss the global opportunity to reform the "enabling environment" for midwife-led care, using public policy to improve the systems and structures midwives require to provide respectful and safe care. We will comment on what studies of maternity systems have demonstrated about how the enabling environment influences care, the process of developing a global policy brief, and the ICM strategy for supporting midwives across the world. We will highlight context-specific approaches to using the policy brief and communication guide to advocate for country-level policies.

ICMBALI-0152 - Changes in the nipple face during postpartum week 1: an observational study

M. Nakamura[1], *Y. Asaka*[1]

1 *Hokkaido University, Faculty of Health Sciences, Sapporo, Japan*

BACKGROUND

Breastfeeding has been reported to have numerous benefits for both the mother and baby. However, nipple trauma is the primary reason why women abandon breastfeeding. To date, no standard definition, classification, and assessment method exist for nipple trauma because of a lack of research regarding changes in the nipple tissue.

OBJECTIVES

This study aims to elucidate changes in the tissue of the nipple face after initiating breastfeeding to enhance midwifery care for nipple trauma.

METHODS

In this observational study conducted from October 2016 to January 2017, we enrolled 50 Japanese postpartum breastfeeding mothers and took photographs of their nipples daily. Overall, we visually analyzed 473 images following adjustment using a color chart and image-editing software. The study protocol was approved by the Ethics Review Committee of the Graduate School of Health Sciences, Hokkaido University (approval number:16–82).

RESULTS

The following six signs were observed on the nipple face: erythema (303, 64.1 %), swelling (209, 44.2 %), scabbing (236, 49.9 %), blistering (30, 6.3 %), purpura (62, 13.1 %), and peeling (30, 6.3 %). Erythema and swelling were observed from day 0; both the signs rapidly developed and were observed in 34.6 %–51.2 % of cases on day 1. Conversely, scabbing was not observed on day 0 but gradually increased and peaked in 62.3 % of cases on day 5.

CONCLUSIONS

While erythema and swelling are minor changes immediately noted after initiating breastfeeding, erythema is the most frequent change. Moreover, erythema and swelling could be indicative of severe nipple trauma such as scabbing. Thus, awareness about early, minor changes is imperative for enhancing breastfeeding support during postpartum week 1.

KEY MESSAGE

Vigilant observation of erythema and swelling could prevent deterioration in nipple trauma.

ICMBALI-0503 - Bringing breastfeeding hormones to life – an evaluation of an innovative approach to breastfeeding physiology

N. Hartney[1], *C. Nagle*[2], *D. Dooley*[1]

1 *Deakin University, School of Nursing and Midwifery, Faculty of Health, Geelong, Australia*
2 *James Cook University, College of Healthcare Sciences, Townsville, Australia*

BACKGROUND

Supporting women to breastfeed requires knowledge of related physiology, including the complex interplay of both endocrine and autocrine systems. The use of e-learning provides an alternative platform for customising and diversifying content to appeal to a variety of learning styles. While the evidence addressing the effectiveness of instructional animation is equivocal, an innovative approach utilising animation to enhance midwives' knowledge regarding lactation is warranted. Drawing on expertise in lactation, midwifery education, video design and production, an animated video was produced. This presentation will showcase the video and present the results of the evaluation.

OBJECTIVES

The aim of this two-phase study was to evaluate student and registered midwives' understanding of breastfeeding physiology and the acceptability and usability of an animated resource.

METHODS

In 2017 (student midwives at one Australian University) and in 2018 (registered midwives across Australia) were invited to review and evaluate the animation by completing a cross-sectional anonymous online survey consisting of items containing 4-point Likert scales and free-text responses. Ethics approval from Deakin University was obtained. Descriptive statistics were used to summarise quantitative data and free-text was analysed using content analysis.

RESULTS

The student midwives' evaluation revealed that the animation improved their understanding of breastfeeding physiology and terminology (85–95 %) and were motivated to learn more about breastfeeding (80 %). While 75–90 % of registered midwives agreed that the resource refreshed both breastfeeding physiology knowledge and understanding, with 55 % revealing that they learnt something new. Both groups overwhelmingly agreed (> 95 %) that they enjoyed viewing the animation and would recommend it to colleagues (> 88 %).

CONCLUSIONS

These results support use of instructional animation as a teaching approach for difficult physiological concepts and the application of its use both in professional development and across the curriculum to build on and reinforce knowledge and understanding.

KEY MESSAGE

Innovative education resources support midwives knowledge and understanding of breastfeeding physiology.

ICMBALI-1295 - Immediate, uninterrupted skin-to-skin contact and breastfeeding after birth: results from a cross-sectional electronic survey

J. Allen[1], J. Parratt[2], M. Rolfe[3], H. Carolyn[1], S. Anne[4], K. Fahy[5]

1 *Griffith University, School of Nursing and Midwifery, Brisbane, Australia*
2 *Southern Cross University, School of Nursing and Midwifery, Lismore, Australia*
3 *University of Sydney, University Centre for Rural Health, Lismore, Australia*
4 *University of Newcastle, School of Nursing and Midwifery, Newcastle, Australia*
5 *University of Queensland, School of Nursing, Midwifery and Social Work, Brisbane, Australia*

BACKGROUND

Immediate, skin to skin contact between mother and baby at birth, uninterrupted for at least one hour, has numerous benefits. This practice triggers sensitive care-giving, reduces newborn stress, impacts the infant's microbiome, and predicts long-term breastfeeding. Furthermore, it is positively associated with lifelong outcomes including cognitive ability, the capacity to form trusting relationships, and mental health. While research demonstrates international variability in practice regarding the first hour after birth; midwives commonly interrupt mother-baby contact to complete routine tasks.

OBJECTIVES

To determine the incidence of immediate, uninterrupted skin-to-skin contact and breastfeeding after birth; and which factors are associated with it.

METHODS

A cross-sectional e-survey was developed and piloted prior to distribution. Sampling was purposive; women who birthed a term baby within the previous three years, in any Australian setting (hospital, birth centre or at home), were eligible to participate. The primary outcome, 'pronurturance', included: 1) immediate mother/baby holding; 2) skin-to-skin contact; 3) uninterrupted holding for at least 60 minutes; 4) breastfeeding in the birth setting. Associations between maternity care practices and the primary outcome measure were examined using logistic regression.

RESULTS

Of 1,200 participants, 22 % (n = 258) experienced pronurturance. Pronurturance was less likely following caesarean section (adjusted Odds Ratio (aOR) 0.07, 95 % Confidence Interval (CI) 0.03–0.17). Pronurturance was more likely with a known midwife during labour and birth (aOR 1.89, 95 % CI 1.35–2.65). Contributing to the low rate of pronurturance were lack of antenatal skin-to-skin information; babies being wrapped; women wearing clothing; and non-urgent caregiver interruptions including weighing the baby or facilitating the mother to shower.

CONCLUSIONS

Health services must strategically address the institutional processes which delay and/or interrupt skin-to-skin contact and breastfeeding.

KEY MESSAGE

We recommend that antenatal education includes the benefits of pronurturance, so women know to remove impeding clothing prior to birth. Having a known midwife increases the likelihood that women and babies receive pronurturance.

ICMBALI-0294 - 'Sweets and bitters': mothers' experiences of breastfeeding in early postpartum: a qualitative exploratory study in China

X. Xiao[1], F.W. Ngai[1], A.Y. Loke[1], S.N. Zhu[2], L. Gong[3], H.M. Shi[3]

1 *Hong Kong PolyTechnic University, School of Nursing, Hong Kong*
2 *Southern Medical University Affiliated Shenzhen Maternity and Child Healthcare Hospital, Nursing Administration Department, Shenzhen, China*
3 *Sourthern Medical University Affiliated Shenzhen Maternity and Child Healthcare Hospital, Women's Health Center, Shenzhen, China*

BACKGROUND

Breastfeeding is deemed as the best food for the infant. The World Health Organization aims to increase the rate of exclusive breastfeeding to 50 % globally by 2025. However, the rates and duration of exclusive breastfeeding are still relatively low in many countries. Little is known on how current breastfeeding services meet with the demands of new mothers.

OBJECTIVES

The aim of this study was to understand women's experiences of breastfeeding in early postpartum in a broader picture, and explore women's support needs on breastfeeding in Shenzhen, China.

METHODS

This is a qualitative exploratory study. Data were collected in November 2018 in a tertiary maternal hospital in Shenzhen, China. Data were collected through in-depth, semi-structured, face-to-face interviews. A purposive sampling was used for recruitment. The dataset was analyzed using inductive content analysis.

RESULTS

A total of twenty two women were interviewed, 14 (63.6 %) of them were first parity and 8 (36.4 %) of them were second parity. After content analysis of the transcriptions, four themes were identified: complex feelings of breastfeeding, prioritize breastfeeding, unresolved breastfeeding problems, health professionals' support in decision making.

CONCLUSIONS

Women will experience both joys and pains during their breastfeeding journey. In Chinese culture, women are motivated to breastfeed their baby to promise a stronger immune system. However insufficient breastfeeding knowledge, intergeneration conflicts and lack of professional support could bring about more than breastfeeding problems. Current breastfeeding services should be tailored according to women's needs. Training and health education could involve home visit nurses and significant family members to enable women a more breastfeeding supportive environment.

KEY MESSAGE

Current breastfeeding services are far from women's expectations. Home visit nurses who are responsible to visit early postpartum women should be provided with training as breastfeeding consultant, and to involve the family members to nurture a supportive environment for breastfeeding.

ICMBALI-1325 - Overwhelmed: exploring solutions for stress, trauma and burnout in midwives

L. Schwartz[1], *N.L.D.N. Kusraeni*[2]

1 *Griffith University, School of Nursing and Midwifery, Nathan, Australia*
2 *Independent, Midwifery, Ubud, Indonesia*

THE LEARNING OUTCOMES

Identify risk factors and symptoms of cumulative stressors, secondary trauma and PTS in midwives.

Implement simple mindfulness and self-applied energy psychology tools.

BACKGROUND

Recent studies have highlighted abysmally high rates of posttraumatic stress (PTS) symptoms amongst midwives (1) with potentially severe impacts on the care provided to women. In fact, one of the cornerstones of midwifery care – empathy – is diminished with exposure to trauma (2). Trauma and PTS may also contribute to burnout, and midwives leaving the profession (3).

While the key strategy for prevention of PTS in midwives is through reducing the prevalence of traumatic childbirth, midwives still need skills and tools to cope with PTS symptoms when they arise.

Accessible and effective tools such as heart-centred breathing (5) and energy psychology modalities (6,7) may give midwives access to pathways that can help clear traumas and rediscover present moment awareness. This workshop shares information with midwives on PTS and the importance of finding ways to address stress.

INTERACTIVE ACTIVITIES

The workshop begins with an outline of the background issues before moving to the hands-on experiential section, practical group exercises to give participants valuable take-home tools to manage the cumulative stressors and traumas that lead to PTS. Participants will have an opportunity to not just learn the skills and tools, but to practice them during the session. Hands-on activities are all research-based and include a mindfulness breathing practice and a specific form of tapping called *Tapping for Birth*.

REFERENCES

1. Sheen K, Spiby H, Slade P. Exposure to traumatic perinatal experiences and PTS symptoms in midwives: prevalence and association with burnout. International journal of nursing studies 2015;52(2):578–87.
2. Nietlisbach G, Maercker A, Rössler W, et al. Are empathic abilities impaired in PTSD? Psychological Reports 2010;106(3):832–44.
3. Gamble J, Creedy DK. Survey: a third of midwives who have experienced traumatic perinatal events have symptoms of PTSD. Evidence-Based Nursing 2016;19(2):44.
4. Ginsberg JP, Berry ME, Powell DA. Cardiac coherence and PTS disorder in combat veterans. Alternative therapies in health and medicine 2010;16(4):52.
5. Johnson C, Shala M, Sejdijaj X, et al. TFT Soothing the bad moments of Kosovo. JCP 2001;57(10):1237–40.
6. Feinstein D. Rapid treatment of PTSD: Why psychological exposure with acupoint tapping is effective. Psychotherapy: Theory, Research, Practice, Training 2010;47(1):385–402.
7. Church D, Hawk C, Brooks A, et al. Psychological trauma in veterans using EFT: An RCT. Journal of Nervous and Mental Disease 2012;199(6):372–78.

SYMPOSIUM: THE VIP STUDY: VIDEO INFORMED PRACTICE & VOICES IN PARTNERSHIP INTERACTIONAL PRACTICES OF DECISION-MAKING DURING CHILDBIRTH IN TWO ENGLISH MIDWIFERY LED UNITS

ICMBALI-1163 - The VIP study: video informed practice & voices in partnership Interactional practices of decision-making during childbirth in two English Midwifery Led Units

H. Baston[1], A. Brodrick[1], C. Jackson[2], E. Annandale[2], S. Beynon-Jones[2], L. Brierley-Jones[2], J. Green[3], V. Land[2], S.T. Townend[4], T. Stacey[4,5]

1 *Sheffield Teaching Hospitals NHS Foundation Trust, Maternity, Sheffield, United Kingdom*
2 *University of York, Sociology, York, United Kingdom*
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4 *Calderdale & Huddersfield NHS Foundation Trust, School of Health and Human Science, Halifax, United Kingdom*
5 *University of Huddersfield, Human and Health Sciences, Halifax, United Kingdom*

OUTLINE SYMPOSIUM

This symposium presents the rationale, findings and reflections from a National Institute for Health Research funded study designed to elicit how midwives, women and birth partners facilitate and negotiate decision-making during labour in two English NHS midwife-led units (MLUs). This NHS ethically approved study is ground-breaking in its analysis of *real-time*video/audio footage of decision-making during labour and birth.

1ST PRESENTATION

Helen Baston: Use of video in labour as a data collection tool: reflections on the journey

Few studies have used intrapartum video/audio recording, hence the willingness of staff to participate, receptiveness of women and partners to be filmed were largely unknown and difficult to predict. Insights will be shared regarding the initial concerns of staff, recruitment to the study and IT governance requirements, and how these were addressed.

2ND PRESENTATION

Tomasina Stacey: Reconciling maternity practice constraints with the personalisation agenda: healthcare practitioners' perspectives

In the midwifery profession the perceived threat of complaints and litigation has been linked to an erosion of midwives' autonomy. Advocating for women may feel challenging and can impact on the way care is offered. Drawing on interview data we show how women's choices and wishes may be marginalised to avoid professional challenge and to align care with the expected cultural norms and ethos.

3RD PRESENTATION

Clare Jackson: The power of CA

Identifying situated interactional practices for managing and sharing decision-making during labourThe use of CA enables identification of decision trajectories and exploration of their nature, origin and outcome. We shed light on the interactional strategies used by women, their companions, midwives and obstetricians when initiating and negotiating care. We show whether and how these participants treat decisions as shared (or not). Data extracts demonstrate how approaches change depending on the responses received and emerging clinical context.

4TH PRESENTATION

Alison Brodrick: Video informed practice: facilitating learning and practice change using forum theatre

Forum theatre is a dynamic methodology within implementation science and is employed in a workshop format to share VIP study findings. It enables the audience to challenge and shape solutions to real practice scenarios and create a vision of how things could be different. This final part of the symposium will showcase an element of the workshop demonstrating how this methodology can be used to influence change.

COMMON FOCUS

This symposium comprises four linked sessions. It uses conversation analysis (CA)- a leading approach to understanding how interaction works in situated practice – to examine how decisions are initiated, by whom, and with what consequences. The analysis

is also informed by interviews with midwives and obstetricians exploring the context of care and by data from antenatal and postnatal questionnaires capturing women's expectations and evaluations of their experiences. Analyses from these data will be shared, including reflections on the use of this methodology. The symposium will also include footage of the innovative dissemination method 'forum theatre' used to accelerate learning from research findings and support practice change.

COHESION BETWEEN SECTIONS

Numerous studies show the nature of the interaction between a labouring woman and her caregivers is key to a woman's experience. We know communication in labour matters, however, we do not know what practitioners say and do in practice that leads to these appraisals and outcomes. The VIP study addresses this gap in knowledge about what actually happens in labour through: 1. One-to-one interviews with midwives and obstetricians 2. Antenatal and postnatal questionnaires exploring women's expectations and experiences of birth 3. Video (or audio record if women prefer) of the labours of 30 low-risk women receiving Midwife-led labour care. 4. Analysis of decisional interactions using CA to inform understanding of how talk works. 5. Looking at patterns between how satisfied women were with their experience and the decision-making interactions that actually happened during birth. 6. Sharing findings and facilitating learning using 'Forum theatre'.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

The study findings elucidate how communication with women is key to the facilitation of decision making in labour. It identifies the key components of interactions in practice and how these are perceived. The symposium draws on implementation science to present innovative ways to support midwifery practice change; through the use of Forum theatre.

Room 5

PARTNER FUNDED SESSION: SELF-CARE: TAKING CARE OF OURSELVES AND OTHERS

Self-Care: Taking Care of Ourselves and Others

Yvonne Delphine (Rwanda)
Vusi Ndaba (South Africa)
Angelique Mugirente (Rwanda)
Nanuka Thapa (India)

The practice of self-care - the ability for individuals, families, and communities to promote, maintain health, prevent disease and cope with illness with or without the support of a healthcare provider - can lead to a more inclusive, equitable, and people-centered approach to optimizing health and well-being across the globe. Midwives are key partners in promoting and advocating for effective self-care, equipping people with the information needed to follow best medical practices and safely contribute to their own health.

The Self-Care Trailblazer Group (SCTG) and Jhpiego will host a workshop on self-care and sexual and reproductive health and rights (SRHR) that will include panel discussion with midwives on how to incorporate self-care both into clinical practice as well as in their personal lives. Following the panel, participants will have the opportunity to engage in breakout sessions on different elements of self-care including:

1) how midwives can advocate for and personally practice self-care;
2) self-care approaches midwives can use and promote in their clinical work; and
3) a discussion on what self-care looks like in their practice, barriers they face practicing and promoting self-care, and how the health system could better support self-care.

Attendees of the workshop will choose which breakout room they would like to join.

This workshop is an opportunity to bring together midwives from around the world and share current self-care programming in SRHR with more focused presentations and discussions on self-care and its role in the lives of midwives, patients, and as a part of the health system.

ICMBALI-0341 - Sterile water injections for pain relief in labour: an international multi-centre randomised placebo controlled trial

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1 *University of Queensland, School of Nursing, Midwifery and Social Work, Brisbane, Australia*
2 *Charled Darwin University, Molly Wardaguga Research Centre, Asia Pacific College of Nursing and Midwifery, Brisbane, Australia*

BACKGROUND

Whilst sterile water injections (SWI) have been used for some time by midwives in various countries to relieve back in labour reviews published by the NICE Guidelines and the Cochrane Library highlight methodological issues in current evidence and have called for a large well designed placebo controlled trial to determine efficacy. The 2012 Cochrane Review recommended future trials report findings in a clinically relevant format, i.e. the number of women reporting a 30 % or 50 % reduction in pain at various time-points.

OBJECTIVES

To explore the effectiveness of SWI to relieve back pain in labour.

METHODS

A multi-centre double-blind placebo-controlled randomised trial was conducted in 15 hospitals in Australia and one in England. Women meeting the selection criteria and self-reporting back pain in labour ≥ 70 mm on a 100 mm visual analogue pain (VAS) scale were recruited and randomised to receive intradermal injections of either sterile water (n = 580) or 0.9 % sodium chloride (placebo) (n = 567) at four points bordering the sacrum. Participants self-assessed pain using the 100 mm VAS scale at 30, 60 and 90 minutes post injections. The trial protocol was approved by the relevant ethics committees for each site.

RESULTS

At 30 minutes post treatment 56.9 % of women receiving SWI reported an at least 30 % reduction in pain and 40.5 % an at least 50 % reduction compared to 28.7 % and 16.6 % (respectively) administered the placebo. This difference remained statistically significant for the 60 and 90 minute timeframes. No adverse reactions were associated with the interventions.

CONCLUSIONS

This large randomised placebo controlled trial provides definitive evidence for the effectiveness of SWI in the management of back pain in labour.

KEY MESSAGE

Sterile water injections are a safe and effective procedure for the relief of back pain in labour. Future research should focus on issues of injection technique and applicability for other pain scenarios.

ICMBALI-0099 - Epidural analgesia for labour pain in primiparous women in Norway – the impact of country of birth and migration related factors

V. Aasheim[1], R.M. Nilsen[1], E.S. Vik[1], R. Small[2], E. Schytt[3]

1 *Western Norway University of Applied Sciences, Faculty of Health and Social Sciences, Master in Midwifery, Bergen, Norway*
2 *La Trobe University, Judith Lumley Center, Melbourne, Australia*
3 *Uppsala University, Centre for Clinical Research, Dalarna, Falun, Sweden*

BACKGROUND

With growing levels of international migration, access to pain relief can be one indicator of equitable care. The use of epidural analgesia during labor is influenced by the woman's need of pain relief, but also by factors like communication, knowledge or midwives' attitudes.

OBJECTIVES

To investigate the associations between maternal country of birth and other migration related factors (migration reasons, paternal country of birth, length of residence), and the use of epidural analgesia in nulliparous women in Norway.

METHODS

This population-based study included data on nulliparous migrant women (n = 69 564) and non-migrant women (n = 399 881), in Norway between 1990 and 2013, using data retrieved from the Medical Birth Registry of Norway and Statistics Norway. Odds ratios (ORs) with 95 % confidence intervals (CIs) were estimated using logistic regression, adjusted for year of birth, size of hospital, health region, age, marital status, income and education. The main outcome measure was epidural analgesia.

RESULTS

The prevalence in use of epidural varied (non-migrant women 31 %; migrant women 24–47 %). Compared with non-migrants, the odds for receiving epidural analgesia was lowest in women from Vietnam (aOR 0.54; 95 % CI 0.50–0.59) and Somalia (aOR 0.63; 95 % CI 0.58–0.68), and highest in women from Iran (aOR 1.32; 95 % CI 1.19–1.46) and India (aOR 1.19; 95 % CI 1.06–1.33). Being a refugee was associated with lower odds (aOR 0.83; 95 % CI 0.79–0.87) and migrants with a non-migrant partner had higher odds (aOR1.14; 95 % CI 1.11–1.17). The odds for epidural analgesia increased with length of stay; ≥10 years; (aOR1.06; 95 % CI 1.02–1.10).

CONCLUSIONS

The use of epidural analgesia varied between sub-groups of migrant women.

KEY MESSAGE

The use of epidural varied substantially by country of birth. Refugees and newly arrived migrants used least epidural. Midwives should pay especially attention to migrant women's needs for pain relief and for assistance with communication during childbirth.

ICMBALI-0074 - Epidurals during normal labour and birth – midwives' attitudes and experiences

I. Aune[1], S. Brøtmet[2], K. Gryrskog[3], E. Sperstad[4]

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2 *Akershus Universitetssykehus, Women's clinic, Lørenskog, Norway*
3 *Kristiansund sykehus, Women's department, Kristiansund, Norway*
4 *Sykehuset Innlandet, Women's department, Elverum, Norway*

BACKGROUND

Research suggests that the frequency of epidural use in labour is increasing, both in Norway and in other western countries. An epidural leads to medicalization of normal births and promoting normal births is an important strategy in which midwives play a central role.

OBJECTIVES

To gain a deeper understanding of midwives' attitudes and experiences regarding the use of an epidural during normal labour and birth.

METHODS

A qualitative approach was chosen for data collection. Ten in-depth interviews were conducted with midwives working in three different obstetric units in Norway. The transcribed interviews were analysed using Malterud's systematic text condensation.

RESULTS

The analysis provided two main themes: "Childbirth as a goal or a process" and "Challenges to the midwifery profession". Distinctive differences in experiences and attitudes were found. The culture in the obstetric units affected the midwives' attitudes and their midwifery practice. How they attended to women with epidural also differed. An epidural was often used as a substitute for continuous support when the obstetric unit was busy.

CONCLUSIONS

Midwives should be aware of how powerful their position is and how the culture might influence their attitudes. The focus should be on "working with" women to promote a normal birth process, even with an epidural.

KEY MESSAGE

This research indicates that there should be a greater focus on information about pain management, and different pain relief methods, both medically and non-medically in antenatal care, so that women can make an informed decision.

ICMBALI-2119 - An immersive sensory experience during labour

C. Nagle[1], M. Hadland[2], S. Holland[3], R. Taylor[3], W. Smyth[4]

1 *James Cook University, Centre for Nursing and Midwifery Research, Townsville, Australia*
2 *Townsville Hospital and Health service, Midwifery Group Practice, Douglas, Australia*
3 *Townsville Hospital and Health Service, Birthing, Douglas, Australia*
4 *Townsville Hospital and Health Service, Nursing and Midwifery Research, Douglas, Australia*

DESCRIPTION OF RESEARCH OR INNOVATION

This presentation will describe the Immersive Sensory Experience (ISE), an innovative redesign of a birthing room being trialled at Townsville Hospital, Queensland, Australia. Women in the Midwifery Group Practice model of care have access to a room equipped with a ceiling mounted projector that can be utilised during labour to create an environment that suits the woman's individual needs. The woman has a choice of audio-visual images that are projected onto a wall. Images include scenery, including images of local country, and a variety of visual effects that can be moving or static. There is also a variety of relaxing digitally recorded sound tracks from which the woman can choose.

SIGNIFICANCE TO MIDWIFERY

There is limited amount of evidence on sustainable innovations to promote physiological birth within a conventional hospital birthing environment. The results of this innovation will translate to practice, education and policy.

ICMBALI-0988 - Development of a new device to assist the delivery of the impacted fetal head at Caesarean section in late labour

A. Briley[1], *G. Tydeman*[2], *A. Shennan*[1]

1 *King's Health Partners, Women's Health Academic Centre, London, United Kingdom*
2 *NHS Fife, Obstetrics and Gynaecology, Kirkcaldy, United Kingdom*

DESCRIPTION OF RESEARCH OR INNOVATION

Caesarean section in late labour, can cause difficulty delivering the impacted fetal head. Midwives often manually elevate the head via vaginal examination. Damage to maternal and neonatal tissues is reported. Midwives receive no training and most dislike the experience. The Tydeman Tube(TT) is placed into the vagina against the fetal head. The wide gauge tube allows air entry to ameliorate any vacuum and elevation is achieved externally. Pressure on the fetal skull is dissipated, minimising trauma. The TT was developed by a multidisciplinary team. Permission was granted to use minimal TTs to confirm design and effectiveness, and positively reviewed by clinicians. Analysis of forces required were undertaken in a laboratory.

SIGNIFICANCE TO MIDWIFERY

The TT enables elevation of the fetal head more safely than digital techniques. Less force means babies are less likely to be damaged or separated from mothers. Providing elevation and suction release, it works differently to other available devices.

ICMBALI-0650 - Using wooden comb to reduce pain during childbirth

M. Wan[1]

1 *Taiwan Midwives Associations, BEST Midwives Ciinic, Yilan County, Taiwan R.O.C., Taiwan*

DESCRIPTION OF RESEARCH OR INNOVATION

In many cultures around the world, laboring women will grip wooden combs to help them cope with the sensations of labor, but no reports exist that examine its use with women laboring with comb.

This article presents a case study series of 15 women who used comb in the first stage of labor to reduce the perception of pain during childbirth.

Comb has shown promise as an intervention to improve labor and birth outcomes, Concerns of safety, effects on Natural pain relief, and acceptability of use may limit use of active positioning during labor with comb.

SIGNIFICANCE TO MIDWIFERY

Comb is safe, effective, natural and I was in control. An ideal pain management technique.

Because the laboring woman is in control of the combs, she may feel less out of control of the sensations of labor.

ICMBALI-2084 - Raspberry Leaf and it's use in pregnancy: a systematic integrative review

R. Bowman[1], *D. Davis*[1]

1 *The University of Canberra, Midwifery Discipline, BRUCE, Australia*

BACKGROUND

Midwives have been using herbs in their practice for centuries, with raspberry leaf being one of the most common.

OBJECTIVES

The aim of this integrative review was to examine the potential pharmaceutical properties of raspberry leaf and the diversity of its use.

METHODS

Three strategies were used for this integrative review:

1. Database search
2. Analysis of reference lists of retrieved reports
3. Analysis of citations of retrieved references

RESULTS

Based on the research questions guiding this review the findings were organised under the following headings:

1. Animal Studies
2. Human Studies
3. Related Studies
4. Constituents of raspberry leaf
5. Dosages and regimes

CONCLUSIONS

It was established that many women are taking raspberry leaf through there pregnancy to foster a positive birth experience. There is no clear guidance for midwives to have meaningful evidenced based discussions with women about this intervention. There is a definite need for further research on the effects of raspberry leaf on human pregnancy. If raspberry leaf is found to be a valid recommendation the advice needs to be quantified by when to commence it and the dose.

KEY MESSAGE

It is commonplace for women to seek guidance from midwives regarding the use of herbs during pregnancy. While there is a long history of raspberry leaf use in pregnancy there is little research contributing to the evidence base especially in relation to its efficacy or potential harmful effects. The National Institute for Health Care and Excellence guidelines recommends further research to evaluate effectiveness, safety and maternal satisfaction of the use of herbal supplements. In the meantime, midwives must draw on the evidence available and this systematic review will assist in this regard by systematically identifying and integrating the best available evidence from both animal and human studies, on the use of raspberry leaf in pregnancy.

ICMBALI-1847 - The differences in effectiveness of lemon aromatherapy by inhalation, transdermal and massage on the psychology condition of postpartum mothers at Tangerang's Hospital, Banten, Indonesia

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1 *STIKes Yatsi Nursing Midwifery School, Midwifery, Tangerang, Indonesia*
2 *Muhammadiyah University, Midwifery, Tangerang, Indonesia*

BACKGROUND

Mild psychological distress affect aproximately from one to five postpartum mothers globally. The difficulty of interaction and communication between mothers who are experiencing psychological distress and depression with their children can increase the risk of behavioral disorders and cognitive impairment in children. Lemon aromatherapy has been proposed to solve symptoms of mild psychological disorders.

OBJECTIVES

this study investigated the effectiveness of lemon aromatherapy through alternate administration routes; inhalation, transdermal and massage on the symptoms of mild distress in postpartum mothers in Tangerang's Hospital, Banten, Indonesia.

METHODS

This study uses a quasi-experimental method and employs pre-test and post-test and cross-sectional approaches. This study compares the changes in the mean value of the results in the treatment group with the changes in the mean value of the control group. The samples were 108 postpartum mothers divided into four groups, namely one control group and three treatment groups based on the ways of lemon aromatherapy routes, namely inhalation, transdermal and massage consisting of 27 respondents for each group. In addition, this study uses purposive sampling technique. The research instrument used is the Edinburgh Postpartum Depression Scale questionnaire (EPDS).

RESULTS

It is known that the condition of postpartum maternal psychology before treatment was 49.1 % experiencing mild psychological distress, after being given the treatment, it dropped to 43.5 % (5.6 % lower). The results of the analysis show that there were significant differences in effectiveness in the transdermal treatment group (p value = 0,000) and massage (p value = 0,000) compared to the control group (p value = 0.014) and inhalation group (p value = 0.070).

CONCLUSIONS

Lemon aromatherapy administration through massage method can be considered a complementary therapy to reduce mild disorders in postpartum maternal psychology.

KEY MESSAGE

Lemon aromatherapy, Psychology condition of postpartum mother, Inhalation, Transdermal, Massage.

ICMBALI-0134 - Effect of dry cupping therapy at acupoint BL23 on intensity and quality of postpartum low back pain

M. Chhugani[1], *S. Sharma*[2], *S. Thokchom*[2]

1 *Professor cum Dean, School of Nursing Sciences and Allied Health, Rufaida College of Nursing, Jamia Hamdard, Nursing, New Delhi, India*
2 *Jamia Hamdard, Nursing, New Delhi, India*

BACKGROUND

Childbirth is one of the most marvelous and memorable segment in a woman's life. There is a high intensity of pain during pregnancy, labor and following delivery. During pregnancy, the expanding uterus stretches and weakens the abdominal muscles and alters the posture, putting strain on the back. Pregnancy related low back pain is a common complaint among antenatal and postnatal women. It can potentially have a negative impact on their quality of life. For low back pain BL23 is an identified acupunture point. BL23 point or Shenshu is selected for reducing postpartum low back pain by applying Cupping therapy. This point is located 1.5 cun lateral to the posterior midline, between L2 and L3, thereby providing the opportunity for appropriately placing the cups on a flat space.

OBJECTIVES

To determine the effectiveness of dry cupping therapy at acupoint BL23 on intensity and quality of postpartum low back pain among postnatal mothers in a selected hospital of New Delhi, India.

METHODS

A quantitative experimental research, using pre test pot test control group design was used. The study was conducted in Swami Dayanand Hospital, New Delhi. 60 samples were selected using purposive sampling technique. Structured questionnaire and Short Form Mc Gill Pain Questionnaire was used to collect data.

RESULTS

The mean intensity of low back pain reached from 8.33 before the intervention to 1.97 after 3 days of intervention and according to Short Form Mc Gill Pain Questionnaire the mean SMPQ Scores also reduced from 29.83 to 4.9.

CONCLUSIONS

It found that dry cupping therapy is effective in reducing the intensity and improving the quality of postpartum low back pain.

KEY MESSAGE

It was found that dry cupping therapy is effective in reducing the intensity and improving the quality of postpartum low back pain.

ICMBALI-1887 - Effectiveness of psidium guava leaves boiled water on perineum laceration healing

E. Susanti[1]

1 *Prima Nusantara Bukittinggi Health Institute, Bachelor Degree of Applied Midwifery Program, Bukittinggi, Indonesia*

BACKGROUND

5 of 10 labor cause laceration in the birth passage, both in primiparous and in multiparous with a rigid perineum in Indonesia. A laceration can occur because of a spontaneous tear or episiotomy act. Some supporting tissue injures both acute and non-acute injures, whether or not healed, can be gynecological problem in the future. To control the spontaneous perinea tear, an episiotomy is done to reduce pain and ensure regular injury. Guava leaves in fact has its own benefits for our body, both for health and certain diseases. Guava leaves have very high flavonoid component, especially quercetin. These compounds are useful as antibacterial. Other components of other guava leaves are saponin, essential oils, tannins, anti-mutagenic, flavonoids, and alkaloids.

OBJECTIVES

This study aims to analyze the effectiveness of guava leaves boiled water on the healing of perinea laceration.

METHODS

This study carried out in the Public Hospital Prof. Dr. H. M. Chatib Quzwain Sarolangun in 2019, with 35 people as the sample. This quasi experimental research was using the post-test only design. Data analyzed with t-test.

RESULTS

The average wound healing on the first day is 11.40, on day 2 is 8.20, on day 3 is 5.20, on day 4 is 2.40, and on day 5 is 0 , 40. The results showed that guava leaves guava leaves boiled water was effective for perinea laceration healing on day 4 and day 5.

CONCLUSIONS

The conclusion of this study was guava leaves boiled water is effective as a healing wound perineum.

KEY MESSAGE

This result can be applied to non-pharmacological treatment for perinea laceration healing. So that, it can reduces pain of women.

ICMBALI-1600 - An e-resource co-created to help women who have experienced childhood sexual abuse prepare for pregnancy, birth and early parenthood

E. Montgomery[1], *Y.S. Chang*[1]

1 *Kings College London, Florence Nightingale Faculty of Nursing, Midwifery and Palliative Care, London, United Kingdom*

PURPOSE

Presenting a co-designed e-resource for women who have experienced childhood sexual abuse (CSA) as they contemplate pregnancy, birth and early parenthood.

Following ethical approval, development of the resource was informed by focus groups and an on-line survey involving survivors who had experienced pregnancy and birth and those who had not but hoped to one day. The draft was then discussed with survivors at workshops. Feedback was incorporated and the final resource was launched on 18th June 2019. It is hosted on The Survivor Trust website.

DISCUSSION

This multi-media resource is based on the powerful words of participants who shared their experiences with us, including short films and animations. Sensitivity to the diversity of life experiences women accessing the resource could have had and their different stages of recovery was important. Women are able to explore the resource at their own pace and in private. There are links to further sources of information and support. We aim through this resource to empower women to approach pregnancy feeling more in control and able to work in partnership with midwives.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

CSA is a serious public health issue that affects one in five women worldwide. This silent, hidden population often find pregnancy, birth and early parenthood challenging. Although they feel scared and alone during their childbearing journey, they rarely disclose to care-providers for fear of judgment. Triggers during pregnancy and birth are often unanticipated and are consequently very perplexing. Survivors have indicated that it would have helped to know their experiences were shared by others.

Intended for women, this resource also provides insight for midwives and students on the perspectives of those who have experienced CSA who may not disclose.

EVIDENCE IF RELEVANT

Montgomery et al (2015) a & b.

Pereda et al (2009).

KEY MESSAGE

This online resource provides survivors safe, sensitive and informed materials to prepare for pregnancy, birth and parenthood.

ICMBALI-0402 - Early parenthood experiences of young Indonesian parents following premarital pregnancy

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2 *University of Leeds, School of Healthcare, Leeds, United Kingdom*

BACKGROUND

The World Health Organisation have reported approximately 16 million adolescent pregnancies per-year worldwide; of which 95 % are reported to occur in developing countries, such as Indonesia. In 2017, in Indonesia 36 per 1,000 pregnancies occurred at the aged 15–19, of these 0.02 % were aged 15 or less.

OBJECTIVES

This study aimed to explore health and social experiences of young parents after the birth of their baby, following premarital pregnancy.

METHODS

This is an exploratory qualitative study conducted in Java, Indonesia, involving eight young mothers and four young fathers; who were selected by using purposive sampling technique. One-to-one in-depth interviews were used for data collection, N-Vivo was employed for data management and thematic analysis was used for data analysis.

RESULTS

Three themes emerged from the data; *'An overwhelming life'*, '*Struggling to be parent,* and '*My future plan and my needs'*. The life of becoming young parents brings difficulties due to have not enough preparation. Role division powered by social-culture was shown in their married-life. Young mothers had burdened in domestic tasks, whilst young fathers had burdens in their relationships. Both young mothers and young fathers were experiencing social judgement and stigmatisation as consequences of their premarital pregnancy. The jobs, education, financial matters and parents' interference become issues. Young parents were trying to manage their life, for some they also talk about divorce. They also require support and help to be young parents.

CONCLUSIONS

The influence of culture within Indonesian society played a role in shaping young parents' complex experiences. The pressure of an early marriage, new roles and responsibilities shift in their lives inevitably, for some, began to emerge as talk of disapproval and divorce.

KEY MESSAGE

Power of culture played a critical-role in young parents' experiences through their early parenthood. Young parents require timely and accessible young parent services as support source to manage their life.

ICMBALI-1992 - Associated factors of teenage pregnancy and community intervention measures in a rural community of Ashanti Region, Ghana

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1 *University Of Calabar, Nursing Science, Calabar, Nigeria*
2 *Garden City University College, Midwifery, Kumasi, Ghana*

BACKGROUND

Teenage pregnancy is a public health concern with life-threatening obstetric and social consequences. Its aetiology is observed to be multifaceted and closely related to critical social issues which include poverty, poor sex and relationship education, poor sexual health services, poor family relations, substance abuse and gender inequalities. National and international agencies have been involved in interventions for the reduction of this problem, however, it appears that some communities are not positively influenced by the interventions and do not also undertake any mediation to prevent teenage pregnancy. These may have resulted in increasing rate of teenage pregnancies in those communities.

OBJECTIVES

This study aimed to identify individual, family, community and healthcare facility factors that predispose to teenage pregnancies, with attention to specific community interventions to solve the problem in a rural community in Ashanti, Ghana.

METHODS

Qualitative design was used for this study conducted early in 2019. Four focus group discussions were held to explore this phenomenon with a cross section of purposively selected community members which included ten mothers, ten men, nine teenage girls and six midwives. Ethical approval was obtained for the study from the community leaders as well as permission from each participant. Data were analysed thematically.

RESULTS

The study revealed the following as associated factors of teenage pregnancy: 1. Lack of family connectedness; 2. Some community activities yielding negative influence on teenage girls; 3. Negative peer group influence; 4. Healthcare facility not youth friendly; 5. Multifarious and inhomogeneous community interventions.

CONCLUSIONS

Several factors have been identified as predisposing factors to teenage pregnancies in this setting; ranging from the family and community to unfriendly healthcare facility. In spite of these, there are no organised interventions to curb its occurrence.

KEY MESSAGE

Therefore, midwives should facilitate community empowerment to develop and sustain strategies for the prevention of teenage pregnancies.

ICMBALI-2262 - Addressing adolescent reproductive health issues through the use of innovative health programs

P. Gomez[1], *M.T. Padilla*[1]

1 *Integrated Midwives Association of the Phils. IMA, Inc., San Juan, Philippines*

BACKGROUND:

To address the problems of teen pregnancy, the Integrated Midwives Association of the Philippines (IMAP),Inc. implemented the Innovative Visiting Health Private Professional Program.

OBJECTIVES OF THE STUDY

- Identify the attitudes or behaviors that and initiate necessary changes;
- Identify barriers to attitudinal or behavioral change among students and teachers;
- Identify message framing and message delivery that are most effective for teachers and students;
- Identify effective approaches and channels for modifying or changing behaviors among the students;
- Recommend strategies to sustain positive behavior related to reproductive health.

METHODS

A structured questionnaire called HEEADS Rapid Questionnaire for 10–24 years old was administered to derive information on Home, Education, Employment, Activities, Substance Use, and Reproductive Health. Lectures and discussions followed using the LIFE SKILLS FOR ADOLESCENTS AND YOUTH REPRODUCTIVE HEALTH MANUAL.

RESULTS

The program reached 5,692 students from grades 9–10 in 3 big schools (2,531 male/ 3,161 female) aged 13 years – 15 years (60 %) and 16 years – 18 years (36 %). Results showed 13 % experienced domestic violence; 37.5 % thought of leaving home, 32.6 % experienced bullying, 19 % thought of committing suicide; 6 % were smoking, 24 % took alcohol, 49 % had boyfriend / girlfriend; 3.5 % had sex, 3 % experienced sexual harassment, 0.05 % have gotten pregnant, and 10 % wanted to be counselled by the visiting midwives and VHPP teachers.

CONCLUSION

Identified risk factors were:

- Lack of quality family time;
- Peer pressure on sex;
- Disconnect on values about sex, contraception and gender norms.

One thing is positive though, that students trusted teachers more than parents as preferred source of Adolescent Reproductive Health (ARH) information.

KEY MESSAGE

The Life Skills for Adolescents and Youth Reproductive Health (ALSRHE) manual is a good tool for equipping adolescents 12 to 19 years old, with accurate information and skills in dealing with the their sexual and reproductive health.

ICMBALI-1631 - The development of sustainable high dependency care education for midwives in Cornwall (UK) using a collaborative 'patchwork approach'

A. James[1], *R. Cassidy*[1], *J. Urben*[2], *S.J. Pedler*[2], *Z. Nelson*[2], *A. Bellamy*[2], *J. Nemeth*[2], *S. Nash*[3], *E. Morley*[4]

1 *University of Plymouth, School of Nursing and Midwifery, Plymouth, United Kingdom*
2 *Royal Cornwall Hospitals NHS Trust, Princess Alexandra Wing, Truro, United Kingdom*
3 *Royal Cornwall Hospitals NHS Trust, Anaesthetic Department, Truro, United Kingdom*
4 *Royal Cornwall Hospitals NHS Trust, Critical Care Unit, Truro, United Kingdom*

PURPOSE

Increasingly, midwives are required to provide High Dependency Care (HDC) for women who have complex pregnancies, but require education to provide this. We have developed a HDC 'patchwork education approach' to enable midwives working in a geographically isolated Obstetric Unit to enhance their HDC knowledge and skills and also embed longer-term strategies to minimize skills fade.

DISCUSSION

Our team from the Royal Cornwall Hospitals NHS Trust and University of Plymouth developed a series of patches; a 4-day intensive theory programme, incorporating a range of teaching strategies, competency documents (e.g. for invasive monitoring / arterial blood gases), rotation into the Critical Care Unit (Royal College of Anaesthetists, 2018) and annual updating. Development of an on-line regional forum for midwives interested in HDC is also underway, acting as a platform for sharing of best practice. Assessment at the end of the first patch was by Objective Clinical Structured Examination and written test. The patchwork approach enables theoretical and clinical learning and takes into account students' learning styles with the aim of producing effective competent practitioners (Leigh et al. 2013). Evaluation will be ongoing as the project evolves and the patches are stitched together.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Women deserve high quality HDC and our collaborative approach involving the wider multidisciplinary team and the university is a positive synergy. Our patchwork approach is transferable to other clinical settings.

EVIDENCE IF RELEVANT

Leigh J. A. et al. (2013) The Patchwork Text Assessment – An Integral Component of Constructive Alignment Curriculum Methodology to Support Healthcare Leadership Development *Journal of Education and Training Studies* 1 (1) pp 139–150.

Royal College of Anaesthetists (2018). *Care of the critically ill woman in childbirth; enhanced maternal care.* London: Royal College of Anaesthetists.

KEY MESSAGE

Sustainability in midwifery HDC education is vital and emphasis must be placed on preventing skills fade.

A patchwork approach brings together theoretical and practical learning opportunities.

ICMBALI-0084 - The district midwife's role in identifying and caring for the high-risk pregnant woman

B.J. Campbell[1]

1 *Jamaica Midwives Association, Midwifery, Kingston, Jamaica*

PURPOSE

To improve the outcome of High-Risk Pregnancy and thus lowering the percentage of Maternal and Neonatal Mortality Rate.

To help District Midwives understand their roles in Identifying and Caring for High-Risk Pregnant Women at the earliest possible gestational age and knowing the chain of the referral system to have these women receiving the best possible care for themselves and their unborn child.

DISCUSSION

Pregnancy is usually an unperturbed time of incomparable joy and expectation in a woman's life. However, it can become complicated at times due to illnesses or medical conditions. Some 5–10 % of pregnancies are termed "high risk". High-Risk pregnancy is one that threatens the health or life of the mother and or foetus.

With the intense training of midwives and the dissemination of these midwives into districts along with the usage of continuing education for midwives to be current with the new trends in midwifery care; midwives are adequately equipped with the knowledge and skill set to identify high-risk pregnant women and to provide the required care through the referral system to High-Risk Clinic and provide continued care through follow-up visits.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

A high-risk pregnancy diagnosis should not automatically be considered by the care provider as having a negative outcome. With the development of medical technology and training of midwives; high-risk pregnancies can be managed skilfully. The pregnant woman should however be provided with all the necessary information as it relates to her condition and the implication of same on a pregnancy.

KEY MESSAGE

With proper care, 90–95 % of high-risk pregnancies produce healthy and viable babies.

ICMBALI-0356 - What is the experience for women hospitalised for an extended time in their pregnancy?

M. Lomax[1]

1 *AUT, Midwifery, Auckland, New Zealand*

BACKGROUND

Pregnancy and childbirth are a normal physiological process. For some women, this is not the case if their pregnancies become complicated and they are hospitalised for long periods. These women, can for the first time, experience negative physiological effects, such as anxiety and depression. This can be enduring and extend into the postpartum period.

OBJECTIVES

To gain meaningful insight into the lived experiences of women hospitalised for an extended time in their pregnancy.

METHODS

Ethics approval was obtained from AUTEC (12/7) and the DHB. Recruitment took over six months to complete, seven women participated. This study used hermeneutic phenomenology to explore women's lived experiences. In-depth face to face interviews were conducted with participants in the postpartum period. These women had been hospitalised from two to twelve weeks. The interviews were held in their homes, enabling a relaxed openness and flexibility to the interviews. The interviews were digitally recorded with informed consent and transcribed by the researcher. Rich, extensive data emerged from these interviews. Van Manen's existential's (lived time, lived body, lived space, lived relationality) were used to structure the analysis.

RESULTS

Data analysis was conducted to reveal the lived experience of these women. Four main themes emerged: included *feeling displaced*, disempowered out of one's home and in an unfamiliar environment; *feeling unsafe* physically, mentally and spiritually; *feeling trapped*, unable to leave, losing a sense of time; and *coming out the other side*, postnatal effects of extended hospitalisation.

CONCLUSIONS

Women who are hospitalised for an extended time while pregnant experienced feelings of being trapped, unsafe, losing time and postnatal complications. These feelings impacted on the women's mental and physical well-being and extended far into the postnatal period.

KEY MESSAGE

Midwives and health professionals must be aware that women hospitalised in pregnancy are in a vulnerable position and to provide essential support that is vital to their well-being.

ICMBALI-0817 - Enablers and barriers for women with GDM to achieve optimal glycaemic control – don't let it be a numbers game

R. Martis[1], *C. Crowther*[2], *J. McAra-Couper*[3]

1 *Waikato Institute of Technology, Centre for Health and Social Practice, Hamilton, New Zealand*
2 *The University of Auckland, Liggins Institute, Auckland, New Zealand*
3 *Auckland University of Technology, Faculty of Health & Environmental Sciences, Auckland, New Zealand*

BACKGROUND

The worldwide prevalence of gestational diabetes mellitus (GDM) is increasing with variations between 5.2 % to 31.6 % depending on the ethnicity of the population and diagnostic criteria used. Currently in New Zealand one in 11 pregnant women are being diagnosed with GDM. The experience of being diagnosed and living with GDM is a huge transition for women, which is seldom recognised.

OBJECTIVES

The study aims to explore the views and experiences of women with GDM focusing on enablers and barriers to achieving optimal glycaemic control.

METHODS

Pregnant women diagnosed with GDM who were recruited for a larger trial, the TARGET trial, were invited to either a face to face or phone semi structured interview. Participating women were recruited from two large hospitals in New Zealand. Qualitative descriptive thematic analysis was performed using the Theoretical Domains Framework. The study is a nested study within the TARGET Trial and approved by the New Zealand Health and Disability Ethics committee (HDEC) Ref. 14/NTA/163, RRN1965.

RESULTS

60 women participated. The results identified significant existing behavioural factors for women with GDM in achieving optimal glycaemic control and provide insights to how women cope with the foci shift from the pregnancy to the numbers, adapt to regular self-monitoring, adhere to recommended glycaemic targets and undertake necessary lifestyle changes.

CONCLUSIONS

Women with GDM report multiple enablers and barriers to achieving optimal glycaemic control. The concerning foci shift from the pregnancy to numbers is identified by all participating women. Health professionals need to increase their awareness about this shift and provide care that maintains a focus on the woman diagnosed with GDM. The findings of this study can assist midwives, other health professionals and diabetes in pregnancy services to improve their care for women with GDM achieving optimal glycaemic control.

KEY MESSAGE

Health professionals need to shift their focus from numbers to women centred care.

Room 10

PARTNER FUNDED SESSION: JOHNSON'S® QUESTIONS MOTHERS ASK MIDWIVES MOST ABOUT INFANT SKINCARE: A MIDDLE EAST PERSPECTIVE

JOHNSON'S® Questions Mothers Ask Midwives Most About Infant Skincare: A Middle East Perspective

Nawal Abdulghani (Saudi Arabia)
Ibtesam Jahlan (Saudi Arabia)
Wafaa Faysal (United Arab Emirates)

This program is part of the Midwife Learning Series brought to you by JOHNSON'S®

This interactive session will be guided by an expert panel which will address the questions mothers ask midwives most about infant skin care and routines as they pertain to healthy baby development, including a regional perspective on cultural practices in the Middle East & North Africa. Topics will include an overview of:

- Infant skin development including its microbiome
- Everyday routines such as bathing
- Criteria for product selection including ingredient safety and fragrances.

LEARNING OBJECTIVE

Midwives will leave this interactive program with knowledge and practical information with which to educate parents and support their confidence in caring for their babies.

Wednesday, 30 June, 06:00 PDT
Parallel sessions 15

Data, Advocacy & Midwives: How to Follow the Data for Effective Advocacy – Part 2

Ony Anukem (United Kingdom)
Faridah Luyiga (Uganda)

RATIONALE

2021–2023 Strategic Priority 3 is 'Foster a movement for midwifery, enabling and strengthening partnerships, advocacy, and communications for midwifery, with women's voices at the centre'.

OBJECTIVES

- Midwives will gain an understanding of what advocacy is and why it is important for midwives to advocate for themselves and those they care for.
- Midwives will learn how to develop SMART advocacy objectives for strategic advocacy.
- Midwives will gain or strengthen an understanding of how data supports advocacy.
- Midwives will be introduced to the key messages and advocacy issues of the SoWMy 2021 report.
- Midwives will learn how their associations can leverage the SoWMy 2021 report for effective advocacy.

OVERVIEW

What is data? What is advocacy? How can midwives use data in their advocacy efforts to showcase impact and bring about small and large-scale sustained change? If these questions caught your interest, make sure you join us at the 'Data, Advocacy & Midwives' interactive workshop. Advocacy means different things in different contexts, but one thing remains the same: midwives' voices are compelling when it comes to calling for action for women, newborns and our profession. While we know that data can support our advocacy, it is not always easy to understand how to find and use it in the most powerful way. Continuing the theme of International Day of the Midwife 2021 – Follow the data, invest in midwives and leveraging new SoWMy 2021 data on the impact of midwives this 2-part workshop has been designed to provide you with the skills needed to advocate for increased investment in midwife-led care in your country. The workshop facilitators will share tailored guidance to support midwives and midwives associations in their regional advocacy efforts and provide take-home tools to ensure learning continues beyond Congress.

This session will need to run in one time block as it will be live and we would ideally like delegates who pre-register to be able to attend both sessions. The workshop will be recorded and eecordings of the sessions will be made available to all other delegates to view in their own time.

The second workshop will focus on the importance of following and leveraging data in our advocacy efforts.

ICMBALI-1276 - Weaving indigenous knowledge into midwifery curriculum: growing culturally responsive midwives

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BACKGROUND

The bicultural nature of New Zealand (NZ)/Aotearoa creates a strong foundation for a unique environment that supports the weaving of indigenous knowledge throughout midwifery education. Te Tiriti o Waitangi/ The treaty of Waitangi serves to inform the direction of partnership, participation and protection for education and health.

OBJECTIVES

The opportunity for a revised midwifery curriculum and reaccreditation supported the immersion of indigenous knowledge throughout the midwifery degree at Wintec. It was identified that there needed to be a more explicit focus of cultural awareness and responsiveness, therefore Mātauranga Māori (Māori knowledge) was carefully embedded and linked to learning outcomes.

METHODS

The revised curriculum identified 10 threads which are scaffolded throughout the programme. Cultural Frameworks is one such thread. We have appointed Kaitiaki or guardians to hold each thread and support the development, and incorporation of learning.

RESULTS

The cultural framework thread grows the cultural responsiveness of each student midwife through the scaffolding of their learning and confidence throughout the programme. Topics that relate to Māori tikanga (customs), Te Ao Māori (Māori worldview) and Te Reo (language) partnership with wāhine (women) and whānau (family) are respectfully taught, providing opportunities for understanding and growing competencies. This knowledge is strengthened through the understanding of health disparities and the effect of colonisation that impacts on the health of Māori in NZ. Students are encouraged to explore and reflect on these factors throughout their degree, supporting their growing cultural responsiveness. This empowers students to become culturally responsive midwives positively impacting the health of Māori women, whānau and babies.

CONCLUSIONS

These changes promote the professional development of educators and empowerment of students to uphold the indigenous rights of wāhine and whānau, while providing care that is respectful and women centered.

KEY MESSAGE

Immersion and weaving of indigenous knowledge throughout a midwifery degree grows a student midwife's cultural responsiveness.

ICMBALI-0207 - Community perspectives of a 3-delays model intervention: a qualitative evaluation of saving mothers, giving life in Zambia

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3 *University of Zambia- School of Public Health, Policy and Management, Lusaka, Zambia*
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BACKGROUND

Saving Mothers, Giving Life (SMGL), a health systems strengthening approach based on the 3-delays model, aimed to reduce maternal and perinatal mortality in 6 districts in Zambia between 2012 and 2017. By 2016, the maternal mortality ratio in SMGL-supported districts declined by 41 % compared to its level at the beginning of SMGL – from 480 to 284 deaths per 100,000 live births.

OBJECTIVES

To assess community perceptions of the SMGL intervention package, including (1) messaging about use of maternal health services, (2) access to maternal health services, and (3) quality improvement of maternal health services.

METHODS

We used purposive sampling to conduct semi-structured in-depth interviews with women home delivered (n = 20), health facility delivered (n = 20), community leaders (n = 8), clinicians (n = 15), and public health stakeholders (n = 15).We conducted 12 focus group discussions with 93 men and women and community volunteers. Data were coded and analyzed using NVivo version 10. Approval was granted by ERES Converge Institutional Review Board (Ref. No. 2011-Oct-007).

RESULTS

Delay 1: Participants were receptive to SMGL's messages on early antenatal care, health facility-based deliveries, and involving male partners in pregnancy and childbirth. However, top-down pressure to increase health facility deliveries led to unintended consequences, such as community-imposed penalty fees for home deliveries. Delay 2: Community members perceived some improvements, such as refurbished maternity waiting homes and dedicated maternity ambulances, but many still had difficulty reaching the health facilities in time to deliver. Delay 3: SMGL's clinician trainings were considered a strength, but the increased demand for health facility deliveries led to human resource challenges, which affected perceived quality of care.

CONCLUSIONS

While SMGL's health systems strengthening approach aimed to reduce challenges related to the 3 delays, participants still reported significant barriers accessing maternal and new-born health care.

KEY MESSAGE

3 delays, community, saving mothers.

ICMBALI-0857 - An innovative student-led caseloading model of care – a student's perspective

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BACKGROUND

An innovative student led continuity model of care that involves a unique combination of students working together from two universities was introduced to enable students an opportunity to engage in a caseload midwifery model of care. Students typically provide care for low-risk women in the antenatal, intrapartum and postnatal period, while simultaneously meeting their university clinical requirements.

OBJECTIVES

This research aims to explore the student midwife's experiences and level of satisfaction about a student-led midwifery model of care and the effect of this model of care for the student transitioning into the maternity workforce as a new graduate.

METHODS

This is a qualitative exploratory mixed methods study. The previous study explored womens' experiences in this model of care and the same students caring for the women in this model of care were asked to complete a survey about their experience in this model of care and also interviewed at the end of the year as a student and subsequently re-interviewed, six months into their graduate year. Ethics approval was obtained in May, 2018 from the Nepean Blue Mountains Local Health District.

RESULTS

This research will demonstrate the effectiveness of a student led continuity of care model. The quantitative data presented will demonstrate associations between levels of satisfaction, support, benefit and anxiety during the student's training. The qualitative data will provide evidence of the benefit of the student's experience.

CONCLUSIONS

This continuity of care initiative encompasses the forming of a unique relationship between the woman and the student midwife to enhance better outcomes for both the woman and the student midwife's transition into a competent, confident new graduate midwife.

KEY MESSAGE

This research has implications for continuing education of student midwives to be included in some type of midwifery-led model of care to support this emerging generation of midwives.

ICMBALI-1180 - Palestinian midwives in the frontline – implementing a midwife-led continuity model of care for vulnerable, rural women

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BACKGROUND

To address the challenge faced by Palestinian women living under Israeli occupation in rural areas in the West Bank, the Palestinian Ministry of Health implemented a modified midwife-led case-load model of care, in cooperation with a Norwegian humanitarian organization, The Norwegian Aid Committee (NORWAC). The model was implemented between 2013 to 2016 in six governmental hospitals from where midwives provided outreaching antenatal and postnatal care in 37 rural villages.

OBJECTIVES

The aim of this implementation research was to map comprehensively the contextual implementation of a midwife-led continuity model of care adapted to a low resource setting, by presenting the implementation's concept, process and influence.

METHODS

The implementation research involved mixed methods: quasi experimental and qualitative studies, and external evaluations. Participants were women in rural areas using governmental service, midwives working with midwife-led continuity of care, inter-disciplinary teams and stakeholders. The outcomes were utilization, referral mechanism, postnatal follow-up, medical interventions, maternal and neonatal health, breastfeeding practice, satisfaction with care, midwives experience, implementation's feasibility and sustainability.

RESULTS

The implementation of the midwife-led continuity model of care in Palestinian rural areas in the occupied West Bank was feasible and associated with increased utilization and adherence to service provision, improved postnatal follow up, reduction of unplanned caesarean sections and induced labour, improved maternal and neonatal health, improved satisfaction with care, increased scope of practice and sense of empowerment for midwives, increased women's satisfaction with care, and improved cooperation between provides and levels of care. The implementation has sustained as a program within the governmental system after the funding ended in February 2017 to date.

CONCLUSIONS

Implementing a contextual midwife-led continuity model of care adapted to a low-middle income setting under military occupation was feasible and associated with several quality improvements. Limitations were lack of cost analysis and randomization.

KEY MESSAGE

Midwife-led continuity models of care is feasible in low-midle-income countries.

Room 3

WORKSHOP: MEDIAWISE MIDWIVES: HOW TO ADVOCATE FOR PHYSIOLOGY IN CHILDBIRTH ONLINE

ICMBALI-1548 - Mediawise midwives: how to advocate for physiology in childbirth online

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THE LEARNING OUTCOMES

Participants (midwives and students) will gain knowledge and insight in how to use social media in a professional manner to positively influence the narrative on pregnancy and childbirth.

They feel confident in using social media and are motivated to inspire their peers.

THE PROCESS/ACTIVITIES

Our aim is to support midwives in being present in digital environments and use these environments in providing their care.

Midwives need to be present in these digital environments in order to:

- Listen in on online discussions regarding pregnancy and childbirth to get a better understanding of what moves and motivates their population.
- Positively influence this narrative in a world of rising harmful medicalization by contributing to the online debate.
- Inspire, support and encourage peer midwives and students to do the same.

An anonymous survey with 87 respondents among Dutch and Icelandic midwives and students revealed that they understand the value of social media but feel hesitant on using it in a professional way. *Mediawise Midwives* is currently creating a substantiated social media manual with a focus on the objectives mentioned above. Part of our aim is to educate midwives by organizing interactive workshops to create awareness of the power of social media and how to put the contents of this manual into practice.

AUDIENCE PARTICIPATION

Activity:

10 minutes plenary interactive presentation on using social media as a midwife to positively influence the narrative on pregnancy and childbirth.

20 minutes in groups: discussing four relevant themes and cases, plenary sharing after each case in which two groups of five members share their discussion and insight.

10 minutes in groups: each participant is encouraged and coached in creating one social media message that will influence the online narrative on a current issue that is professionally relevant to them.

5 minutes plenary ending: participants share their insights and inspiration. Presenter shares take home message.

REFERENCES

Cadée et al. (2016) The state of the art of twinning, a concept analysis of twinning in healthcare. Globalization and Health 12:66

U. Felt (2015). Sociotechnical imaginaries of "the internet", digital health information and the making of citizen-patients.

M. Raynor & C. England (2010) Psychology for Midwives. Maidenhead: McGraw-Hill V.

Rideout & S. Fox (2018) Digital Health Practices, Social Media Use, and Mental Well-Being Among Teens and Young Adults in the U.S.

Statistics Netherlands/Centraal Bureau voor Statistiek (2019).

WHO (2018). A "good birth" goes beyond having a healthy baby.

Room 4

SYMPOSIUM: IMPLEMENTING THE TEAM BIRTH PROGRAM TO PROMOTE EFFECTIVE COMMUNICATION, SAFETY, AND DIGNITY IN CHILDBIRTH

ICMBALI-1562 - Implementing the Team Birth Program to promote effective communication, safety, and dignity in childbirth

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PURPOSE OF THE SYMPOSIUM

We will link three presentations in this symposium that are aimed to promote core midwifery competencies and dignity in childbirth across varied care settings and practice models. The learning objectives include: 1) understand how structured communication and psychological safety can enhance team work, 2) discuss the effect of context on adapting and implementing the Team Birth Program, and 3) evaluate the relationship between safety and dignity in childbirth.

1ST PRESENTATION

The Team Birth Program: The first presentation from Avery Plough will describe the key elements of the Team Birth Program and how they promote core midwifery competencies around effective communication, supporting individual choices, and facilitating normal birth processes across birth settings.

2ND PRESENTATION

Impact of Context on Implementing Team Birth: The second presentation from Dr. Amber Weiseth will explore how to effectively implement the Team Birth Program with a focus on the impact of care context on adapting the program and implementation. Key contextual factors that emerged from qualitative analyses of the pilot trial of the Team Birth Program include the characteristics of the population receiving care, the size of the delivery volume and clinical staff, and the baseline practice model.

3RD PRESENTATION

Promoting Dignity In Childbirth: The third presentation from Dr. Neel Shah will discuss what dignity means in childbirth and the Team Birth Program goal of reframing dignity as a key element of safe care. While many often view experience as secondary to safety, we make the case that dignity, including giving the woman and family an active voice in care and affirming all elements of her knowledge of herself, are critical to providing safe and responsive care.

COMMON FOCUS

The Team Birth Program at Ariadne Labs aims to improve the care for laboring women and facilitate normal birth processes when safe and aligned with the woman's preferences for her care. The program was developed based on four years of research to understand the opportunity to improve care of laboring women and a deliberate one-year human-centered design process involving multidisciplinary experts from midwifery, nursing, patient advocacy, obstetrics, and implementation. This design process intentionally prioritizes developing simple and globally scalable systems solutions, such as the Safe Childbirth Checklist previously developed and tested at Ariadne Labs.

COHESION BETWEEN SECTIONS

All presentations in the symposium will explore different facets of the Team Birth Program and its implementation in different contexts.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Participants will gain an understanding of the Team Birth Program and how it could be implemented in their practice. During labor, the core team involves the woman, her support people, her nurse, and her provider. Each member of this team has different information about what is happening during labor and different expertise to help interpret that information, including the woman's expertise in herself, her body, and her symptoms. However, despite these differing perspectives, there is currently no process to ensure every member of the team is reliably communicating effectively and making shared decisions about care.

There are two key steps to create the foundation for effective communication and teamwork across settings: 1) providing a basic structure for the minimum information all team members need to understand and 2) fostering a sense of psychological safety among the team. In the Team Birth Program, the communication structure is provided by a simple whiteboard in the labor room

and psychological safety is promoted by going through the structure in a huddle that invites all team members to participate and provides ongoing opportunities for every voice to be involved in care and decision-making.

This teamwork and active voice in care aims to create a world where more women walk away from birth not only safe, but also with a dignified and empowering birth experience. The communication and teamwork of the Team Birth Program also aims to provide reassurance to continue labor until all team members agree a cesarean or operative delivery is clearly indicated. Many avoidable cesareans may be due to human errors made by well-informed, well-intentioned clinicians with imperfect information and low tolerance for risk, who are facing genuinely uncertain outcomes. Therefore, rather than provide prescriptive guidelines or algorithms, we aim to create a structure for a high-functioning team to reliably come together and make the best possible decisions based on individual women's preferences and healthcare teams' discretion, including the decision about when to deliver.

ICMBALI-2220 - Women's journey of recovery from perinatal loss: a grounded theory

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BACKGROUND

Experiencing a stillbirth or the death of a baby in the final stages of pregnancy, during labour or soon after delivery is a silent tragedy for mothers, fathers and families globally (World Health Organisation [WHO], 2016). Perinatal loss is a worldwide phenomenon. It is estimated that 2.6 million stillbirths occur per year of which around 1.2 million occurs during the intrapartum period (Lawn et al, 2011). A vast majority of stillbirths occur in low and middle-income countries with Sub-Saharan Africa facing the highest burden of 55 %. The phenomenon of recovery as experienced by women and the meaning they attach to the experience during recovery has not been researched in Namibia. Limited knowledge about the journey of recovery from this emotional trauma is a limitation to services provision and a challenge to for evidence-based interventions.

OBJECTIVES

To explore and describe the journey of recovery which is undertaken by women who experienced a perinatal loss within the first 3 months.

To develop the theory of recovery that is grounded on the data from women who have experienced perinatal loss obtained within the first 3 months after perinatal loss.

METHODS

This study will follow a qualitative, explorative, descriptive and contextual design, using a systematic and flexible guideline for collecting and analysing qualitative data in order to construct a grounded theory according to Kathy Charmaz. Three interview sessions are planned per participant but this will further be determined by the emerging categories. Data will be analysed using ATLAS.ti v8 computer software for qualitative data analysis.

RESULTS

The results of this study will be available by December 2019.

CONCLUSIONS

It is expected that the findings from this study will important for the development of perinatal loss policies and intervention programmes such as bereavement services.

ICMBALI-0919 - Prenatal education program decreases maternal distress, postpartum depression, and potential for child abuse: a longitudinal study in urban Japan

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BACKGROUND

Japanese mothers in an urban setting are at high risk for early parenting anxiety, postpartum depression, and child abuse. Research shows that parent confidence reduces postpartum depression and child abuse. HUG Your Baby (HUG), available in five languages, is an educational program shown to enhance new parents' confidence and knowledge of infant behavior.

OBJECTIVES

This longitudinal study was designed to compare parenting confidence, postpartum depression, maternal distress and potential for child abuse 1 and 3 months after birth between mothers in urban Japan who received the full HUG program and those who did not.

METHODS

The study used a quasi-experimental design. Pregnant women were recruited after 30 weeks gestation. The intervention group received the HUG program's lecture on understanding and responding to newborns, the HUG newborn and breastfeeding handouts, and the HUG 20-minute video for parents. The control group received the HUG newborn handout and standard care. Measurement tools included: Edinburgh Postnatal Depression Scale (EPDS), Karitane Parenting Confidence Scale (KPCS), a valid and reliable Japanese maternal distress scale measuring mother's distress with infant crying, and an item to measure the potential for child abuse. In the analysis, scores were adjusted according to possible covariates. The study was approved by the research ethics committee at St. Luke's International University (14–092).

RESULTS

Data from 221 mothers (control 100, intervention 121) were included in the two-way repeated measures ANOVA. Statistical analysis revealed: both intervention and control groups showed increased parent confidence (KPCS) scores; significantly lower intervention group scores were observed on EPDS ($p < 0.01$), as well as on the Japanese maternal distress scale on crying ($p < 0.01$) and on potential for child abuse ($p < 0.01$).

CONCLUSIONS

The HUG Your Baby program reduced postpartum depression, decreased mothers' distress with infant crying and their potential for child abuse.

KEY MESSAGE

The HUG Your Baby program needs to be continued and expanded.

ICMBALI-1209 - Fear of childbirth in the Netherlands; which factors of can be distinguished and how do they relate to the preferred method and place of birth?

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BACKGROUND

In international literature is already determined that 20–26 % of all pregnant woman are afraid of childbirth. It's known that fear of childbirth a complex phenomenon is with psychological, obstetric and financial consequences. Only a limited amount of scientific research is available into the substantive factors of fear of childbirth in large groups of respondents.

OBJECTIVES

To qualify the factors which can influence fear of childbirth in a quantitative way, and to relate this to the preference of location and method of giving birth.

METHODS

A Dutch prospective cohort study of 534 pregnant women with online questionnaires combined with obstetrical data. For the research questions of this study we used the situational FOC scale consisting of a rating of 51 possible fears. A factor analysis was performed to find out which were the factors that women mostly feared. With ANOVA the relation of the fears with the preferred place and mode of birth was analysed.

RESULTS

Women preferring hospital birth and women preferring CS, showed higher rating of fears in the factors 'loss of control' and 'severe damage or death of mother or child', than women preferring home birth or vaginal birth. Women preferring home birth feared more often the hospital surrounding. Women preferring vaginal birth had more fears regarding the transition to parenthood.

CONCLUSIONS

Severe FOC exists in women preferring home birth and in women preferring hospital birth, but there is a difference in what they mostly fear. Also women preferring CS have different fears than women preferring a vaginal birth.

KEY MESSAGE

Women choosing their place and mode of birth, all have their own fears. This should be taken into account when supporting women making decisions regarding childbirth. Especially for guiding women with severe FOC it could be helpful to evaluate which fears they specifically have.

ICMBALI-1541 - Fear of childbirth and depressive symptoms among pregnant women: a baseline survey to women with anticipated vaginal delivery in Tanzania

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BACKGROUND

Fear of childbirth (FoB) and depressive symptoms (DS) are experienced by women during pregnancy, but little is known about FoB among Tanzanian women.

OBJECTIVES

To assess FoB and DS's prevalence and determine predictors of each and both, focusing on social demographic and obstetric predictors.

METHODS

A cross-sectional study at six health facilities in two districts in Tanzania was carried out in 2018–2019. In total, 694 pregnant women expecting vaginal delivery with gestation age between 32–40 weeks were consecutively recruited and assessed for FoB and DS. Data were collected through interviews using the Wijma Delivery Expectancy Questionnaire Version A and Edinburgh Postnatal Depression Scale. Binary logistic regression was used for both univariable and multivariable analysis to investigate the predictors of FoB and DS. All variables with P-value with less than 0.2 at univariable analysis were entered into the different multivariable logistic regression models. A P-value of less than 0.05 was considered statistically significant.

RESULTS

The prevalence of FoB and DS among pregnant women was 15.1 % and 17.7 %. Women who previous in life have had obstetric complications more often had FoB and DS. Women who did not receive any social support from male partners on previous childbirth were likely to have FoB and DS. Having the combination of both FoB and DS was more likely in women aged above 25 years, single mothers, and women who never had given birth previously. For DS only, it was more common in women who were highly educated, had inadequate income, single, had experienced a previous perineal tear.

CONCLUSIONS

Previous obstetric complications during pregnancy and childbirth were the strongest predictor of FoB and DS. During pregnancy. It is important to early identify these women to give support during pregnancy and childbirth.

KEY MESSAGE

Midwives should address FoB and DS during pregnancy to overcome the consequences associated with these disorders.

ICMBALI-1792 - What is a midwife? Competing narratives of identity among clinical and managerial midwives

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BACKGROUND

Contemporary healthcare organisations have recognised the importance of developing clinicians into formal leadership and management roles. However, within midwifery there is increasing evidence of a lack of attraction among clinicians to such roles, which has implications for the continued development of a strong identity within the profession and raises concerns about the visibility of midwifery leadership at strategic level.

OBJECTIVES

The reported study explored the career and identity narratives of midwifery clinical leaders. The study also explored clinical midwives' understanding of leadership and management roles, identifying attitudes to such roles in terms of career progression.

METHODS

The study involved periods of observation during midwifery leadership development programmes, longitudinal narrative interviews with midwifery clinical leaders, and online interaction with clinical midwives.

RESULTS

While midwifery clinical leaders continued to self-identify as midwives, they were aware of a number of challenges in maintaining a positive narrative of role and social identity. These challenges included communicating with clinical colleagues and struggling to maintain a sense of clinical credibility due to pressures of their leadership and management role demands. Clinical midwives' perceptions of leadership roles contrasted with these narratives, and participants described a lack of attraction to such roles based on a reframing of clinical leadership as 'management' roles which lacked clinical credibility.

CONCLUSIONS

The contrasting perceptions of clinical leadership roles and career paths suggests a misalignment between policy rhetoric and lived experience among midwives. Clinicians were particularly disdainful of midwives taking on roles considered non-clinical, with loss of a clinical identity perceived as a sign of having moved to 'the dark side' (management).

KEY MESSAGE

There needs to be greater understanding of clinical leadership career narratives throughout the midwifery profession, if a strong and positive professional identity is to be established and supported.

ICMBALI-0171 - Optimizing the role of midwife in low risk birth

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PURPOSE

The purpose of the quality project was to Increase in the number of births conducted by the midwives for low risk deliveries to 75 % by the 31st of December 2018.

DISCUSSION

The Midwifery Model of Care includes monitoring the physical, psychological and social well-being of the mother throughout the childbearing cycle. Providing the mother with individualized education, counseling, and prenatal care, continuous hands-on assistance during labor and delivery, and postpartum support. Midwifery model of care was introduced in Women Specialised Hospital Labor & Delivery unit from 2016 to date; Labor and delivery unit is staffed with 100 % midwives.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

The rate of low risk births conducted by Midwife on 2016 was 61 %, and on 2017 69 % and increased to 81.43 % by the end of December 2018. The Quality Improvement Project has successfully reach the target and even exceeded the expected outcome.

KEY MESSAGE

By optimizing the role of the midwife in the birth suite, it promoted a holistic approach by recognizing each woman's social, emotional, physical, spiritual and cultural needs. Furthermore, in this project the resources were utilized effectively.

ICMBALI-0885 - Midwives of the world delivering the future: Pu Ora Matatini, academic and cultural support for Māori midwifery students in Aotearoa/ New Zealand: a model of success

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BACKGROUND

Rates of academic success of Māori midwifery students' compared to non-Māori are significantly lower. Between 2008–2013 the average attrition rate for Māori, was 58 % compared with 25 % for non-Māori. While Māori make up 15 % of the population, only 4.9 % of the midwifery workforce identify as Māori.

OBJECTIVES

Pu Ora Matatini addresses three issues; equity, service provision and workforce. This research aimed to evaluate the Pu Ora Matatini Program and examine improvements to the processes around recruitment, retention and work-readiness of Māori midwifery students.

METHODS

A Māori centred mixed methods approach, drawing on Narrative Based Inquiry informed by Pūrākau was used as a research framework. Ten years of quantitative data informed descriptive statistics. Journaling, focus group discussion and interviews informed qualitative data.

RESULTS

Evaluation demonstrated, an increase in recruitment, retention and successful completion of Māori students in the BMid program. Participants expressed higher levels of confidence and competence when in clinical settings and with safe transition to practice. The Ako concept applied to the Pu Ora Matatini program and the midwifery curriculum met the needs of Māori students. It provided a forum for discussing culturally specific needs and supported Māori staff with responding proactively.

CONCLUSIONS

The Pu ora Matatini program enables Māori midwifery students to realise their full potential. Key elements of the program include: (1) The strategic appointment of key midwifery role-models into the Māori Liaison team, (2) culturally appropriate processes for Māori students, (3) identifies the specific needs of individual students, whereby a clear culturally appropriate learning and teaching plan is developed and (4) students are provided with a "wrap around service" that facilitates a safe passage through the program.

KEY MESSAGE

Pu Ora Matatini is designed by Māori for Māori midwifery students. It supports student success which is supportive of a growing Māori midwifery workforce who are able to meet the needs of Māori.

ICMBALI-1761 - Midwifery degree apprenticeships: a solution to the declining midwifery workforce in the UK?

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3 *Regional Head of Nursing & Midwifery, National Team Senior Midwife, Cambridge, United Kingdom*

PURPOSE

To outline the process of developing a UK-wide Midwifery Degree Apprenticeship (MDA) programme and to discuss the rationale for this new route into midwifery.

DISCUSSION

A Royal College of Midwives report (2018) identified that for every 30 midwifery students graduating in the UK, the net gain to the midwifery profession was just one midwife. This reflects the number of midwives leaving and retiring from midwifery. In addition, recruitment of midwifery students has been negatively impacted by the withdrawal of the NHS bursary for healthcare students in the UK (Regan, 2018).

A Midwifery Degree Apprenticeship route into midwifery has been developed, which particularly aims to attract people already working in a support role within healthcare. A trailblazer group was established to develop Midwifery Apprenticeship standards (Institute for Apprentices, 2018) and universities were invited to tender as a pilot site.

The University of Greenwich has been chosen as one of four pilot sites to deliver the new MDA programme from 2020. This is a 4-year programme, where apprentices are both midwifery students and part of the maternity services workforce. Four years will enable MDAs to consolidate midwifery skills, gaining confidence and competence over a longer period of time. By attracting existing NHS employees into midwifery, it is anticipated that retention will improve. By employing apprentices throughout their midwifery degree, it is also anticipated that recruitment will increase.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

The workforce data relating to midwifery recruitment and retention in the UK suggests that new models of midwifery education must be considered. The MDA programme may be a solution to the declining workforce in midwifery.

EVIDENCE IF RELEVANT

Institute for Apprenticeships (2018) Midwife https://www.instituteforapprenticeships.org/apprenticeship-standards/midwife/.

Regan (2018) British Journal of Nursing, 27: 746–749.

Royal College of Midwives (2018) https://www.rcm.org.uk/media/2373/state-of-maternity-services-report-2018-england.pdf.

KEY MESSAGE

The Midwifery Degree Apprenticeships programme is a new route into midwifery, which is anticipated to improve both recruitment and retention.

ICMBALI-1369 - Evolving midwifery workforce- the role of the clinical academic midwife

A. Aitken-Arbuckle[1]

1 *Edinburgh Napier University, School of Health and Social Care, Edinburgh, United Kingdom*

DESCRIPTION OF RESEARCH OR INNOVATION

Clinical Academic Research Roles are an innovative initiative enhancing research capacity within the clinical setting. Clinical academic midwives embrace the unique opportunity to combine expertise in research and practice. This role has offered me the opportunity to develop unique and transferable skills. As a community midwife I provide evidence based midwifery care. As a PhD student I gain fundamental research skills. This synergistic role reduces the gap between research and practice.

SIGNIFICANCE TO MIDWIFERY

This role has its challenges and building relationships within clinical and academic settings has left me on the edge of two paradigms. Meeting academic deadlines is difficult when balancing caseload demands. Co-workers question the relevance of my researcher role in practice. A midwifery research group has been a valuable platform to engage midwives in research. Clinical Academic midwives are a key role within the future of midwifery practice ensuring research is more clinically relevant.

ICMBALI-2063 - Evaluation of a midwifery e-textbook on family planning and post-abortion care for midwives and lady home visitors in Pakistan

E. Hutton[1], K. Kaufman[2], R. Jan[3], A. Lakhani[4], M. Hashwani[4]

1 *McMaster University Faculty of Health Sciences, Department of Obstetrics and Gynecology, Hamilton, Canada*
2 *McMaster University, Family Practice, Hamilton, Canada*
3 *MAP, Midwifery, Karachi, Pakistan*
4 *Agha Khan University, Education, Karachi, Pakistan*

PURPOSE

In the initial stage of the project we created an interactive e-book and training module with high quality, current information on family planning and care of women in need of post abortion care. The e-book uses audio and enhanced graphic visuals in local language and reflects cultural norms. The materials are specifically designed for midwifery students, midwives and lady home visitors in Pakistan. The teaching materials have been co-developed by our international team; reflect current best practice; and use a human rights framework. The e-book evaluation uses a mixed methods design with a sequential explanatory design.

DISCUSSION

The e-book will be evaluated for effectiveness with the intended audiences using testing of learners (pre- and post-test quantitative analysis) and qualitative approaches (interviews and focus groups) to understand the impact on attitudes and actual practice and address the following questions: For midwifery students in Pakistan: a) how does the inclusion of an enhanced e-book influence the acquisition of learning competencies focused on family planning and post abortion care?b) is the use of an e-book an acceptable learning resource? c) what is the experience of using an e-book? For midwives and lady home visitors in Pakistan, does an enhanced e-book influence the acquisition of learning competencies focused on family planning and post abortion care?

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

There are limited educational resources specific to midwifery and the midwifery profession that address family planning and post abortion care. This project develops and evaluates the introduction of an interactive e-book learning resource to address a learning need in the midwifery curriculum as well as for midwives and lady home visitors working in Pakistan.

KEY MESSAGE

Evidence based up to date resources developed especially to meet needs of primary care midwives in countries like Pakistan will help to ensure that midwives can provide women with the highest quality of care.

Room 7

CONCURRENT SESSION: FAMILY PLANNING

ORAL PRESENTATION

ICMBALI-1971 - Introduction of bachelor of midwifery at Kathmandu University School of Medical Science, Dhulikhel, Nepal: our story

B. Thapa[1]

1 *Kathmandu University School of Medical Sciences, Nursing and Midwifery, Dhulikhel, Nepal*

PURPOSE

To share our experiences regarding the launch of a new cadre in midwifery.

DISCUSSION

The traditional education pathway for maternity health care professionals in Nepal has been through a Nursing degree. Midwifery is a health profession distinct from Nursing. Whilst the Midwifery Faculty have knowledge and skills related to midwifery, we are not midwives; we are not familiar with the midwifery model of care. The launch of this new academic course in Nepal is admirable for the country, and exciting for staff and students. Initially, we were concerned about whether we could adequately guide and support our students. However, the help we have received from a number of internationally trained midwives has assisted our transition. Additionally, we have been provided with opportunities to attend workshops and training which has further enhanced our confidence.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

To facilitate understanding of the opportunities and challenges when midwifery is adopted into a health workforce that is traditionally nursing oriented.

KEY MESSAGE

Any challenges can turn into opportunities through teamwork, collaboration, and support from each other. We proudly anticipate our first batch of graduate midwives in October 2020.

ICMBALI-1281 - Caring for consensually non-monogamous clients and non-traditional families: implications of the POLYamorous childBearing And Birth Experiences Study (POLYBABES)

S. Landry[1], *E. Arseneau*[1], *E. Darling*[1]

1 *McMaster University, Midwifery, Hamilton, Canada*

BACKGROUND

The number of people practicing consensually non-monogamy has increased steadily over the past decade. Though studies of non-monogamous people have generally been restricted to North America, alternative family structures which include more than two parents exist around the world.

OBJECTIVES

The POLYamorous childBearing and Birth Experiences Study (#POLYBABES) is a qualitative study which aimed to report on the previously unexplored topic of polyamorous families' lived experiences with pregnancy and birth. In addition to analyzing experiences, the researchers sought to identify barriers to prenatal, intrapartum, and postnatal care while evaluating the suitability of midwifery in addressing said barriers.

METHODS

Social media was used to recruit individuals who self-identified as polyamorous during pregnancy and gave birth in Canada within five years. Participants completed a short demographic questionnaire and semi-structured interview. Interviews were transcribed and thematic analysis was performed to identify themes. A website and glossary of terms were also created to accompany primary findings.

RESULTS

Eleven interviews were conducted with 11 birthing individuals and 13 non-birthing partners. Four primary themes were identified: deliberately planning families, more is more, presenting polyamory, and living in a mononormative world. Secondary themes included structural barriers experienced by participants and the complexity of information sharing in both medical and social contexts. Strategies for providing inclusive care have been identified.

CONCLUSIONS

Participants identified benefits of having multiple partners surrounding pregnancy, birth, and the postpartum period. However, stigma often restricted openness within the healthcare system and created discernable barriers to care. Midwives can learn how to provide more inclusive care for clients in consensually non-monogamous relationships and alternative family structures more broadly from the experiences of participants.

KEY MESSAGE

In a context of sexual freedom for women, having multiple consensual partners has many advantages. Identified challenges were largely due to institutional and social barriers. Strategies for midwives to address challenges include allying, advocating, and accommodating.

Room 8

CONCURRENT SESSION: PROFESSIONAL ASSOCIATION

ORAL PRESENTATION

ICMBALI-0788 - Role of professional midwifery association in support of midwifery continuity of carer implementation

L. Brigante[1], *M. Ross-Davie*[2]

1 *Royal College of Midwives, Quality & Standards, London, United Kingdom*

2 *Royal College of Midwives, UK Directors, Edinburgh, United Kingdom*

RATIONALE

Midwifery continuity of carer (MCoC) is the only model of care associated with reduction of interventions and higher spontaneous birth rates while preventing stillbirths and preterm births. Maternity policies in the UK as well as the latest WHO guidelines recommend continuity of carer as the central model of maternity care. UK governments are in the process of implementing the model and determined to make it accessible to all women antenatally, at birth and postnatally.

METHODS

The Royal College of Midwives played an instrumental role in developing maternity polices and is now supporting midwives with the implementation of MCoC in the UK. Engagement and training of midwives is crucial for successful implementation and the RCM has been facilitating regional events and train the trainers sessions for midwifery leaders. RCM has also produced a wide range of publications and resources to support implementation of continuity model and flexible working patterns for midwives.

RESULTS

The RCM has identified barriers and enablers of MCoC implementation during the events and developed resources to help midwives in changing the way they work and provide high quality midwifery care. RCM promotes high quality maternity services and the implementation of evidence-based models of care and practice. Midwifery Continuity of Carer is supported by high quality, strong evidence therefore it should become the central model of maternity care in the UK.

IMPLICATIONS OF FINDINGS:

Implementing continuity of carer for all women represents a fundamental shift in how maternity care is provided across the UK, careful planning and utilisation of all resources available will enable sustainability of the model for both women and midwives. This will include supporting managers to positively lead change and supporting members where they have challenges in changing the way they work.

EVIDENCE IF RELEVANT

Cochrane review.

KEY MESSAGE

The RCM will continue to support midwives in the transition and maintenance of MCOC.

Room 8

CONCURRENT SESSION: PROFESSIONAL ASSOCIATION

ORAL PRESENTATION

ICMBALI-2222 - The A.C.N.M. foundation, inc.: fifty years of impact and influence for midwives worldwide. What's in store for the next 50?

L. Paine[1]

1 The A.C.N.M. Foundation, Inc., Chief Executive Office, Cambridge, USA

PURPOSE

The charitable arm of the American College of Nurse-Midwives – The A.C.N.M. Foundation, Inc. – was incorporated in 1967 by five visionary officers, including American midwives Kitty Ernst and Ruth Lubic, nonagenarians who tirelessly shape midwifery through philanthropy. The global impact of the Foundation's first 50 years has been impressive, but the challenge to increase that impact for midwives and midwifery worldwide remains. Review of historical milestones and future plans will show how midwives and midwifery worldwide benefit from visionary philanthropy.

DISCUSSION

In 2017, the Foundation celebrated a half-century of work to advance its mission: to promote excellence in health care for women, infants and families worldwide through support of midwifery. We also honored our Founders who made it clear that their vision and optimism is as strong as ever. They provided inspiration and hope for the future, but also challenged us to set the stage for another fifty years of influence and prosperity. Significant historical milestones demonstrate support for midwifery education, research, global projects and public education; including publication of life-saving skills manuals developed by midwives from our global outreach department. The Foundation has now turned its attention toward the next 50 years, especially focused on fundraising to help narrow gaps in health equity and to increase leadership opportunities for midwives globally.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Awards and scholarships for international midwives, especially those supported by endowments established in the past 20 years, have been particularly impactful, especially the Pedersen International Midwife Award and the Raisler Award for International Midwifery.

KEY MESSAGE

Fifty years ago, five visionaries organized a US charitable foundation to advance the profession of midwifery. Their foresight about philanthropy being essential to the growth of the profession led to the award of over $1 million in scholarships, awards and grants since 1967, including several that advance leadership opportunities for midwives worldwide.

ICMBALI-1215 - Developing a PAN-UK midwifery practice assessment document – the successes and challenges

J. Sunderland[1]

1 *City University of London, School of Health Sciences, London, United Kingdom*

PURPOSE

To outline the process, successes and challenges of developing a PAN-London and subsequently PAN-UK Midwifery Practice Assessment Document, that ensures consistency of practice assessment for midwifery students across the UK.

DISCUSSION

The PAN-London steering group was convened in 2014 to develop a single Midwifery Practice Assessment Document (MPAD) for all London universities. The initial PAN-London project involved eight universities and their practice partners who worked together to develop the PAN London MPAD. The document amalgamated best practice from eight previous practice assessment documents. This was implemented in all London midwifery placement areas from 2015. Two universities outside London have subsequently adopted the document. There has been positive evaluation of the MPAD from students, mentors and academic staff.

This initiative has been so successful that the majority of universities across the UK are planning to adopt a UK-wide MPAD. The Nursing and Midwifery Council is developing new midwifery education standards for the UK that are due to be published in November 2019. A survey of all Lead Midwives for Education has demonstrated enthusiasm for developing a PAN-UK MPAD using the new standards. The PAN-London steering group is collaborating with universities across the UK to develop this. It is anticipated that a PAN-UK MPAD will be approved in Spring 2020 and will be in use from September 2020, providing consistency of practice assessment across the UK (Helminen et al, 2016).

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

The PAN-UK MPAD will be used in universities across the UK, commencing in September 2020. The perceived benefit of this is to provide consistency and standardisation of practice assessment across all midwifery placement areas.

EVIDENCE IF RELEVANT

Helminen, K., et al (2016) Summative assessment of clinical practice of student nurses: A review of the literature International Journal of Nursing Studies, 53, (308–319).

KEY MESSAGE

The PAN-UK MPAD will provide consistency and standardisation of midwifery practice assessment across the UK.

ICMBALI-0760 - The state of the Pacific's RMNCAH workforce 2019: the case for investing in midwives across 15 Pacific Island Countries and Territories

P. Tlebere[1], N. Andrea[2], C. Homer[3], M. Boyce[2], B. Campbell[1], O. Adedeji[4]

1 *UNFPA, Pacific Sub-Regional Office, Suva, Fiji*
2 *Novametrics, Consulting firm, Derby, United Kingdom*
3 *Burnet Institute, Medical research, Melbourne, Australia*
4 *United Nations Population Fund, Suva, Fiji*

BACKGROUND

Despite progress since 2000, many countries in the Pacific region have poor reproductive, maternal, newborn, child and adolescent health (RMNCAH) outcomes. A strong workforce is essential to improving outcomes, but little was known about the effective coverage of RMNCAH workers in the Pacific region.

OBJECTIVES

To provide a comprehensive picture of availability, accessibility, acceptability and quality of the RMNCAH workforce in Papua New Guinea (PNG) and the 14 countries in UNFPA's Pacific sub-region.

METHODS

Data collectors visited all 15 countries to complete a structured questionnaire, which was then validated by the national ministry of health. The questionnaire was based on the one used for the 2014 State of the World's Midwifery (SoWMy) report. Data collection took place between October 2017 and September 2018. A statistical model was used to estimate the amount of RMNCAH need that could be met by the current workforce, and how the workforce was projected to evolve between 2018 and 2030.

RESULTS

The region has almost 15,000 RMNCAH workers, of whom 58 % are nurses and 10 % nurse-midwives. Midwifery is not recognised as a separate discipline from nursing, nor as a RMNCAH speciality in most countries. Geography and climate present specific accessibility challenges in this region, leaving people in outer islands without easy access to midwives and specialist doctors, and many practitioners are isolated. While there is a receptive policy environment, access to workforce data was a challenge, and there is a clear gap between nascent policy and implementation.

CONCLUSIONS

Most countries in the region have sufficient nurses, but a shortage of midwives, obstetricians/gynaecologists and paediatricians (especially in PNG). Countries with high workforce availability still have challenges in terms of accessibility, acceptability and quality.

KEY MESSAGE

Further investments in midwifery must be carefully tailored to the very unique context and specific needs of the region.

ICMBALI-1029 - Planned home birth vs low risk planned hospital birth in France: an exposed-non exposed historical multicentric study

V. Orliac[1,1], F. Vendittelli[2], H. Jonkers[3], M.C. Leymarie[1], O. Rivière[4]

1 *Faculté de Médecine et des Professions Paramédicales, Ecole de Sages-femmes de Clermont Ferrand, Clermont Ferrand, France*
2 *CHU Estaing, Pôle Gynécologie Obstétrique et Reproduction Humaine, Clermont Ferrand, France*
3 *Association Nationale des Sages-Femmes Libérales, Cabinet de sages-femmes libérales, Castres, France*
4 *AUDIPOG, Etudes statistiques, Lyon Cedex 08, France*

BACKGROUND

While birthplace choice is widening in France, planned home birth is a subject of debate.

OBJECTIVES

The objectives of this study were to evaluate the effects of planned home birth on maternal and neonatal outcomes.

METHODS

This exposed-non exposed retrospective multisite study, in intention to treat, analyzed the perinatal data from the Audipog French database. Women who intended to give birth at home at the onset of labor (n = 1192) have been compared to low risk women, at term, intending to give birth in primary care hospitals (control group 1 (CG1): n = 8310) and to all hospitals (control group 2 (CG2): n = 58222). Unplanned home birth, induced labor and elective caesarian sections were excluded from the controls. Crude and adjusted relative risks have been reported.

RESULTS

Severe maternal outcomes were less frequent for the exposed group versus CG1 (aRR 0,19 [95 % IC: 0,09;0,39]) and CG2 (aRR 0,20 [95 % IC: 0,09;0,41]). Neonatal outcomes were similar between exposed group and CG1 (aRR 0,59 [95 % IC: 0,32;1,08]) but significantly improved to CG2 (aRR 0,43 [95 % IC: 0,24;0,77]). Normal births were more frequent in the home birth group (versus CG1: aRR 2,85 [95 % IC: 2,54;3,18] and CG2: aRR 4,25 [95 % IC: 3,85;4,70]) but transfer during labor had been necessary for 12,6 % women.

CONCLUSIONS

Planned home birth with an attending trained midwife seems to improve maternal and some neonatal outcomes. Physiological birth is more frequent for women planning to give birth at home.

KEY MESSAGE

Planned home birth in France seems to be a possible choice for low risk mothers with adequate midwife-led care by an independent midwife.

ICMBALI-1590 - An example of international collaboration for midwifery training: the déclic project in Mali

V. Perrault[1], *O. Konaré*[2]

1 *Maison Bleue Côte des Neiges, ciuss Centre Ouest de l'Ile de Montreal, Montreal, Canada*
2 *INFSS, Soins obstétricaux, Bamako, Mali*

PURPOSE

The maternal mortality rate is amongst the highest in the world, with 587 per 100 000 births [1]. The *Appui à la formation des professionnels de la santé au Mali* project (DÉCLIC) has contributed to improving primary care services.

DISCUSSION

This project was a partnership between Mali and Canada. On the Malian side, were the INFSS (National Training Institute in Health Sciences), the FMOS (Medical faculty) and ASACO [2] of 5 CSCOM (Community Health Centres), and on the Canadian side, there were the CCISD, l'UdS and the CSTJ [3]. It included three components and was financed by Global Affairs Canada.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

One of the components was the organizational and pedagogical support provided to the INFSS by the CSTJ for the various training programs, including midwifery. They were also developed according to CBA [4] principles and through the common elaboration of pedagogical tools: syllabus, technical forms, internship records, etc. This project also focused on the development of functional practice labs.

EVIDENCE IF RELEVANT

The departments now not only have more than 129 syllabus, 371 technical forms and 13 internship records, but they can also utilize them fully, as their technical and pedagogical knowledge has been strengthened.

KEY MESSAGE

The training of 1600 students has been improved. In addition, the pride of the professors has increased as the INFSS is now recognized as a reference in the West African region.

[1] WHO (2015)

[2] ASACO : Association de santé communautaire CSCom : Centre de santé communautaire

[3] CCISD : Centre de coopération internationale en santé et développement UdS : Université de Sherbrooke CSTJ : Cégep de Saint-Jérôme

[4] CBA : Competency based approach

ICMBALI-1822 - Sharing knowledge and experience of midwives in rural Niger

A. Von Hörsten[1], *I. Mahamane*[2]

1 *UNFPA, Technical Division/ SRHB, New York, USA*
2 *UNFPA, Niger Country Office, Niamey, Niger*

OBJECTIVES

Promote the provision of integrated family planning, reproductive health, gender-based violence, female genital cancer and fistula screening services, as well as the empowerment of women and girls. schooling of the girl.

METHODS

Two prospective studies carried out on the mobilization campaigns from 1 to 15 July 2019 in Diffa region in humanitarian crisis and from 17 to 30 January 2019 in Maradi, a region characterized by a high rate of child marriage and where the health indicators of reproduction are inefficient. To this end, competent midwives have been deployed by the Ministry of Health with the financial support of UNFPA to provide RH / FP care while building the capacity of agents in the CSI who do not have wise -women in fixed service and mobile clinic. Results The fixed-line and mobile clinic offering in Diffa has recruited 2162 new FP clients and 343 assisted deliveries; in Maradi 15914 acceptors have been registered and 2035 assisted deliveries. In Maradi, the capacity of 150 health workers was strengthened in situ, filling data collection media, contraceptive technology, SONU, and screening for precancerous lesions. Outreach, women's advocacy, traditional leaders, religious leaders on fistulas, SR / FP has been successful in reaching new multiparous FP programs and 12–15 year old girls who are getting married.

RESULTS

The results obtained thanks to the support of the midwives in 14 days of activities are largely superior to those obtained in several months of activities.

CONCLUSIONS

The results obtained thanks to the support of the midwives in 14 days of activities are largely superior to those obtained in several months of activities.

KEY MESSAGE

The results obtained thanks to the support of the midwives in 14 days of activities are largely superior to those obtained in several months of activities.

Room 9

CONCURRENT SESSION: MIDWIFERY BY COUNTRY (FRENCH SESSION)

ORAL PRESENTATION

ICMBALI-2040 - Efelya, innovative artificial intelligence dedicated to women and midwives to better prevent and monitor at risk pregnancies. A new hope for women of the world

F. Duplessis[1]

1 *EFELYA, CEO eHealth obstetric Program, Vannes, France*

PURPOSE

EFELYA is a telemedicine platform dedicated to optimizing the medical follow-up of pregnant women and newborns, whatever their country of residence and the medical resource available locally.

DISCUSSION

Efelya is dedicated to the prevention and detection of at-risk pregnancies. There are 35 million at-risk pregnancies worldwide each year.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

The medical innovation of Efelya is the management of obstetrical risk during pregnancy.

We set up a predictive monitoring of the evolution of the risk thanks to the use of an algorithm associated with a connected "Pregnancy Passport". The " Pregnancy Passport " can be used by the patient and her midwife.

The pathologies involved in screening are:

- Hypertension and Pre-eclampsia.
- Gestational Diabetes.
- Premature Childbirth.
- Hemorrhagic risk.
- Intra-Uterine Growth Retardation.

If a pathology risk is detected, EFELYA sets up monitoring protocols that adapt as soon as medical data is interpreted by the algorithm.
EFELYA's algorithm is scalable and evaluates the patient's level of risk based on clinical, biological and ultrasound data provided throughout the pregnancy.
The pregnant patient actively participates in the enrichment of her "pregnancy passport", alone or accompanied by the midwife in charge of her follow-up.
EFELYA wants an international deployment by actively engaging with emerging countries and those subject to strong medical deserts.

EVIDENCE IF RELEVANT

The support will be multilingual to be available to the largest number of women and practitioners.

The medical benefits of Efelya:

- Optimized obstetric prevention.
- Sensitization and education of women to the most common pathologies.
- Increased medical confidence.
- Development of care in perinatal networks.
- Decrease in maternal fetal morbidity and mortality.

KEY MESSAGE

Obstetric safety is an international public health issue, EFELYA is committed to pregnant women around the world.

Yayasan Ipas: The Role of Midwifery Principles in Realizing Comprehensive Post-Abortion Care (PAC) Service in Indonesia

Marcia Soumokil (Indonesia)
Erna Mulati (Indonesia)
Soerjo Hadijono (Indonesia)
Emi Nurjasmi Indomo (Indonesia)

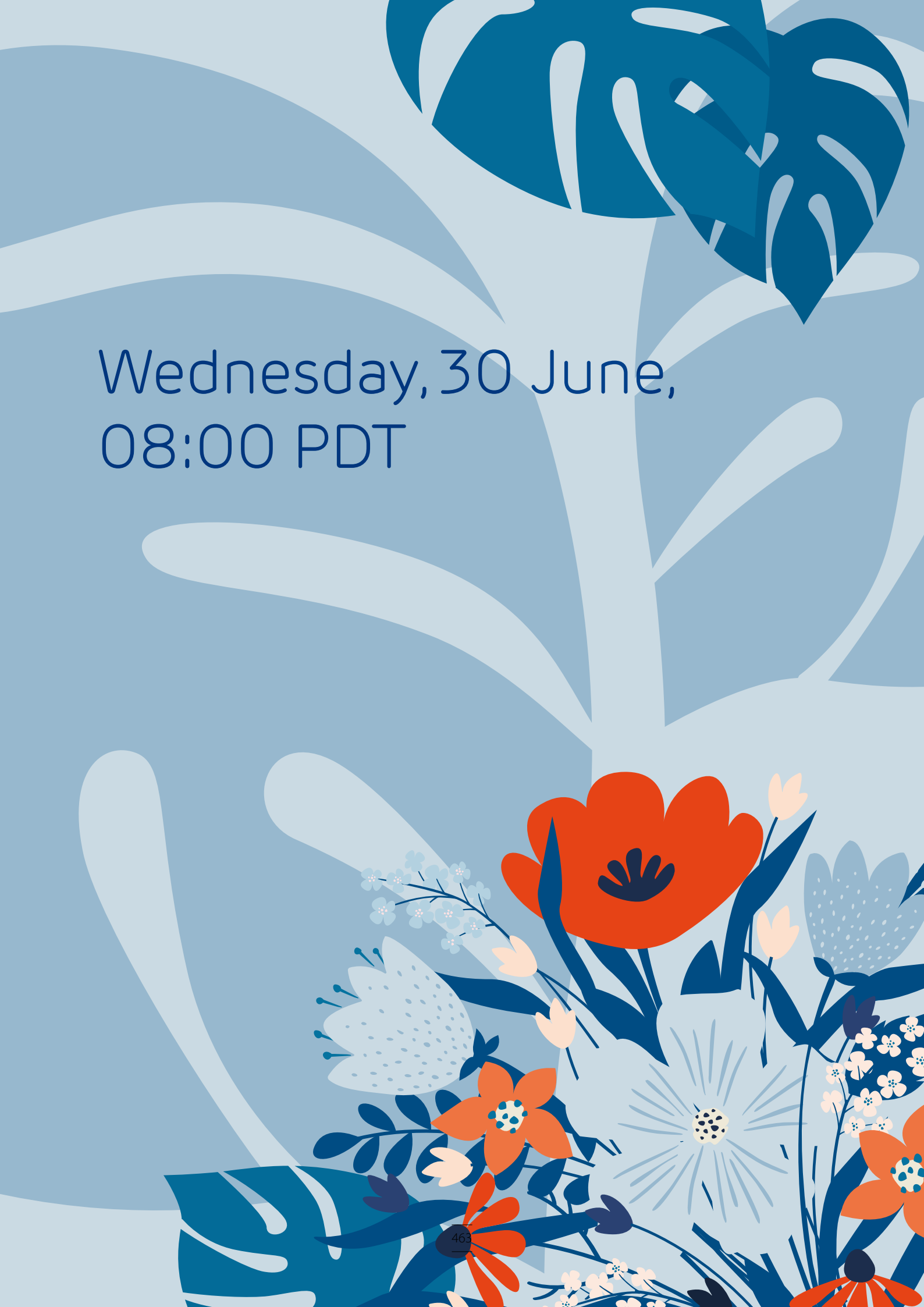
Indonesia is among countries with highest Maternal Mortality Rate (MMR) in the region. WHO estimates a maternal mortality ratio of 177 maternal deaths per 100,000 live births in Indonesia, compared with 29 in Malaysia, 37 in Thailand and 152 for the Southeast Asia region as a whole . Despite efforts to reduce the number nevertheless progresses remain challenging to achieve. IPAS Indonesia believe that in addition to addressing major contributor, MMR reduction must tackle other neglected factors of such high number. This include comprehensively address unsafe abortion in the country.

This session aims to share snapshots on how the country is shifting the paradigm about women's health through the lenses of provision of women centered Post-abortion Care (PAC) service. Three presenters represent health service regulator (Ministry of Health) and professional association – Midwives and Ob/Gyn.

The launching of Comprehensive PAC National Guideline is an instrumental step taken by the Ministry of Health that open opportunity to implement critical measures to prevent women from undergoing unsafe post-abortion care. Since 87 % of pregnant women choose midwives for reproductive health services, the role of midwives in providing post-abortion care should be understood and supported. Progressive and competent midwives currently play a very important role in providing post-abortion care in Indonesia. Hence, Respectful Midwifery Care (RMC) has become strong driving force in ensuring PAC National Guideline centred around women's need and rights.

Indonesian Midwives Association (IMA) has played big roles on enhancing quality of midwifery care in Indonesia. After a long journey, IMA successfully save guard the process of Midwifery Law which has been ratified on February 13th, 2019. Task delegation which stated on the law should strengthen the midwife roles in Indonesia. Hence, it is also emphasized the role of midwives on Women-centered post abortion care in Indonesia.

Wednesday, 30 June,
08:00 PDT



Room 1 (INTERPRETATION)

PLENARY SESSION: CLOSING

Closing

Franka Cadée (Netherlands)
Chinomso Ibe (Nigeria)
Sheetal (India)
Ximena Rojas Garcia (Mexico)
Jasmine Kirk (Canada)

The theme for this year's Closing Ceremony is 'storytelling'. Through this theme, you'll hear from midwives as they share their personal stories, with the goal of uniting Delegates around of our shared experiences as midwives.

Before we bid a final farewell, we'll provide Delegates with details about two new ICM initiatives aimed at strengthening the profession of midwifery globally. We can't wait for you to learn about how we plan on carrying forward the Congress momentum and ensuring a place for all midwives and midwife-advocates within ICM's work!

Wednesday, 30 June,
16:00 PDT

Nurturing the Relationship between Midwives and Women

Tolu Adeleke (Nigeria)
Adrienne Priday (New Zealand)
Christy Turlington Burns
Jennie Joseph (USA)
Daniela Drandic (Croatia)

PANEL DISCUSSION

The final plenary session of this year's Congress will highlight the relationship between women and midwives and explore the idea that midwifery is central to gender equality and feminism. The panel discussion will feature a conversation between women and their midwives, and will include prominent feminist advocates who use their platforms to provide women with information about midwife-led continuity of care and its life-promoting, life-saving benefits.

Wednesday, 30 June, 17:30 PDT
Parallel sessions 16

Room 1 (INTERPRETATION)

ICM WORKSHOP: REGULATION STANDING COMMITTEE WORKSHOP

Regulation Standing Committee Workshop

Karen Guilliland (New Zealand)
Sue Bree (New Zealand)
Sylvia P. Hamata (Namibia)
Dr.Sudha Raddi (India)
Vitor Varela (Portugal)

ICM recognises that it is sometimes hard to find practical information on how to develop quality frameworks and project plans for the establishment or ongoing development of appropriate professional midwifery regulation. In order to facilitate practical knowledge sharing the ICM Regulation Standing Committee provided a hands-on Toolkit for starting up and managing the establishment and implementation of regulation policy and strategy across the globe. This workshop will describe, explain and explore ways in which all Midwifery Associations can use the Toolkit to find ways to introduce, implement or maintain midwifery regulation in their own countries. The Committee will run the workshop in English, French and Spanish to assist Associations to plan their regulation strategies over the next triennium.

The Toolkit was published in 2016 and is accessible on ICM website
https://www.internationalmidwives.org/assets/files/regulation-files/2018/04/icm_toolkit_eng.pdf

ICMBALI-2188 - Health-related quality of life of Nigerian career women after normal vaginal delivery

A. Chinweuba[1], I. Chinweuba[2], N. Agbapuonwu[3], C. Ihudiebube-Splendor[1], J.L. Onyiapat[1], C. Israel[1]

1 *University of Nigeria, Nsukka, Nursing Sciences, Enugu, Nigeria*
2 *Anambra State University, Uli, Medicine and Surgery, Uli, Nigeria*
3 *Nnamdi Azikiwe University, Awka, Nursing Science, Nnewi, Nigeria*

BACKGROUND

The relationship between work and child-care is essential to understanding the woman's life. Combining career work with child-care and domestic chores means more work, which can affect health-related quality of life (HrQoL). However, there is few literature to establish this.

OBJECTIVES

This study investigated HrQoL of employed Nigerian women after normal vaginal delivery and the associated personal and social factors.

METHODS

A four-month longitudinal study was conducted on 132 newly delivered career women in selected hospitals in Nnewi, Nigeria. After ethical approval and written informed consent, data were collected using modified SF-36v2™ HrQoL questionnaire and nine-item socio-economic questionnaire administered at 6, 12 and 18 weeks post-delivery through face-to-face interviews or phone calls. Analyses were performed using IBM SPSS version 23.0 at $p<0.05$. Data were described using frequencies, percentages, mean and SD, while chi-square test, Two-way ANOVA and Tukey HSD test were employed for inferential statistics.

RESULTS

The women had better HrQoL during their maternity period (6 and 12 weeks postpartum) than at 18 weeks. Most of the women (81.8 %) worked more than four hours each day. Women who resumed work within 6 weeks postpartum reported body pains (88.2 %) and problems with role physical (75.6 %) and social functioning (72.9 %). The higher the woman's level of income and education, the better her social functioning, vitality, general and mental health. ($p < .05$). Women with weak or no social support had poorer HrQoL scores in body pains, role physical, social functioning and vitality subscales.

CONCLUSIONS

Finding suggests that increased maternity leave, education, higher incomes and good social support enhance women's postpartum HrQoL. These findings have implications for investment in women's social and mental health.

KEY MESSAGE

Midwife-led advocacy for six months full-pay maternity leave, increased number and quality of baby-care centres, legislations on inducements and home support allowances and reduced workload for postpartum women are recommended.

ICMBALI-0881 - Supporting midwives to facilitate normal birth with women

G. Kruger[1]

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BACKGROUND

An integral part of midwives' scope of practice is to facilitate normal healthy birthing for women and their families. However, due to a decreasing normal birth rate in Australia and the complexity of hospital practice, this is becoming a greater challenge for midwives to achieve with women. This talk presents a qualitative study that explored midwives' experiences of being supported in providing birthing care to women and their babies in a public hospital maternity unit in Melbourne, Australia.

OBJECTIVES

The research aimed to gain understandings of how midwives are supported in their practice to facilitate normal birth for women and identified challenges, if any, to their practice.

METHODS

A narrative approach was employed where 20 midwives took part in in-depth interviews to share their experiences.

RESULTS

Preliminary findings indicate levels of support midwives receive influence their capacity to provide woman-centered care and facilitate normal birthing. Such support is derived from contextual factors such as expectations for midwives' scope of practice, levels of experience across the spectrum of midwives practising in birthing, and professional values and approaches to women's care.

CONCLUSIONS

Being supported influences the degree to which midwives feel respected, valued and have a voice within the hospital birthing setting to practice within the defined role of the ICM Definition of a Midwife.

KEY MESSAGE

Key implications relate to implementing strategies to address challenges in being supported so that midwives have greater opportunities to fulfil their scope of practice. Such strategies may include further exploring the use of mentoring between midwives and peer support for less experienced staff. This approach may enhance the capability to build sustainability in the midwifery workforce while also underpin efforts to operationalise the philosophy of woman-centred care in practice.

ICMBALI-0958 - Promoting and facilitating spontaneous vaginal birth in nulliparous women at full term: a systematic review

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4 *Royal Brisbane Women's Hospital, Department of Obstetrics and Gynaecology, Herston, Australia*

PURPOSE

To identify key clinical and non-clinical (including maternal, neonatal, health professional and system) factors associated with spontaneous vaginal birth at term, in nulliparous vertex, singleton, pregnant women.

DISCUSSION

Optimising nulliparous' women's opportunity to achieve a spontaneous vaginal birth is affected by numerous factors, many of which are modifiable and within the scope of practice of midwives and can be translated into clinical practice.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

A systematic review to determine which clinical and non-clinical factors are associated with Spontaneous Vaginal Birth in nulliparous term women. Cochrane methodological approach for assessing risk and bias and quality appraisal will be used.

Factors significantly associated with nulliparous women will be presented and explored within the context of maternal and neonatal attributes, health professional practices and system level factors – such as models of maternity care.

EVIDENCE IF RELEVANT

Childbirth is important to women, babies and wider community. The past two decades have seen Caesarean birth rates double [1] and instrumental vaginal births for first-time mothers continue to rise steadily [2], without concomitant improvements in maternal and neonatal morbidity [3]. Conversely, rising Caesarean section rates in industrialised countries are associated with increased risk such as uterine rupture, abnormal placentation and stillbirth [4]. While recent research efforts focus on reducing Caesarean section rates [5] , the focus of this research is aligned with midwifery philosophy to promote normal birth.

KEY MESSAGE

Synthesis of existing literature regarding factors associated with spontaneous vaginal birth in nulliparous women provides foundational evidence to inform future improvements to health systems.

ICMBALI-1633 - Confidence for physiologic birth in the birth center model of care

C. Neerland[1]

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BACKGROUND

Maternal confidence for childbirth is associated with increased coping, decreased pain, and enhanced birth experiences. Increasing confidence for physiologic birth may be a means to ameliorate high rates of intervention that accompany U.S. birth. The birth center model of care may provide insight into approaches to enhance confidence for physiologic birth as evidence from large birth center studies demonstrates improved outcomes. No research has been performed in the U.S. to describe the birth center model of prenatal care and how women are prepared within this model to birth with confidence.

OBJECTIVES

Building on studies our team has conducted on confidence for physiologic birth, the aim of this study was to examine how maternal confidence for birth is enhanced within the birth center model of care.

METHODS

This qualitative study was conducted 9/2018 to 2/2019. Participants were recruited from five birth centers in the Midwest U.S. For inclusion, women must have been over 18, English-speaking, and have had their baby in a birth center in the previous six months. Midwives must have had at least one year of birth center experience. Semi-structured interviews were performed using questions developed to elicit understanding of midwives' and women's views about how confidence for physiologic birth might be enhanced prenatally. Interviews were transcribed, thematic analysis using Glaser's constant comparative method was utilized, and themes were extracted.

RESULTS

Twelve midwives and thirteen women participated. Preliminary results indicate time, continuity of care, person-centered care, safety, expectation of physiologic birth, and integration of systems enhanced prenatal confidence for physiologic birth in this model.

CONCLUSIONS

This study increases understanding of how the components of prenatal care within the birth center contribute to women's confidence for physiologic childbirth.

KEY MESSAGE

This study increases understanding of the birth center model of prenatal care and how the components of prenatal care contribute to women's confidence for physiologic childbirth.

Room 4

SYMPOSIUM: INFUSING EQUITY INTO PROFESSIONAL EDUCATION OF MIDWIVES WITH OPTIMISM OF IMPROVING DISPARITIES WITHIN MATERNAL CHILD HEALTH

ICMBALI-2082 - Infusing equity into professional education of midwives with optimism of improving disparities within maternal child health

F. Ortiz[1], M. Drew[2], P. Loftman[3], K. Wilson-Mitchell[4], K. Effland[5], N. Martin[6]

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5 *Bastyr University, Midwifery, Kenmore, USA*
6 *American College of Nurse-Midwifery, Midwives of Color, New York City, USA*

PURPOSE OF THE SYMPOSIUM

The purpose of this symposium is to highlight the problems of implicit bias and racism in midwifery education and to explore solutions which can be applied across all midwifery education programs globally. The panel consists of midwifery educators and clinicians dedicated to educational reform in midwifery education. Panelists also hold dual positions as clinicians, researchers, and equity, diversity, and inclusion exerts.

1ST PRESENTATION

Ortiz

The purpose of this session is to explore how equity might be infused into the midwifery profession. Researchers who examine the scholarship of teaching and learning have determined that ethno-racial diversification of the reproductive healthcare workforce improves the maternal newborn outcomes in both high and low resource countries. Recognizing this evidence, the American College of Nurse Midwives (ACNM) and other national midwifery associations have attempted to increase the recruitment, retention, graduation, and success rates of racialized students on the national certification exams. Nevertheless, midwives of color currently constitute 5 % of certified nurse-midwives and certified midwives and 2 % of all midwives in the United States. Historically, students who are non-white are burdened with the extra emotional work caused by anticipation of or realized experiences of racism when they attempt to pursue higher education, including midwifery education. Some students, especially those who are the first generation to achieve post-secondary institutions, might experience intersecting stressors due to poverty, learning and health disparities. Theories of life course, weathering, microaggression, stereo-type threat, and epigenetic stressors have been used to explain how these challenges racial health disparities, and lack of sense of belonging often consumes the students' cognitive resources, challenging interfere with optimum health or influence academic performance.

2ND PRESENTATION

Loftman, Nubia Martin

Systemic racism in society, health professions education, and healthcare are the root causes of health inequities and health disparities. Professional organizations are committed to eliminating racism and racial bias in the midwifery profession and race-based disparities in reproductive health care. Inclusive practices for recruitment, retention, and mentorship improve the rates of graduation from underrepresented communities. Inclusive teaching, fair institutional policies, and educators who are skilled in creating racially and culturally safe environments are also necessary.

3RD PRESENTATION

Wilson-Mitchell

This session will in provide principles and strategies for inclusion and equity application in recruitment, admission, progression, teaching, assessment and clinical evaluation that produces resilient learners and midwives. A review of the literature concerning equitable teaching practices and intellectual partnerships will be presented. Participants will leave with tips and pearls on how to be cognizant of their own implicit biases, as well as ways of problem solving that produce students who practice professional and cultural humility, and graduates who are confident leaders. The dynamic, complex and complicated facilities, political climates and client populations that we serve require midwifery graduates to be global citizens, culturally sensitive, respectful, and resourceful. Respectful midwifery care begins with modeling respect in the classroom and placement environments.

4TH PRESENTATION

Drew

Will facilitate key questions:

1. What are some examples of the lived experiences that students suffer within midwifery education programs? 2. What practices exist within midwifery education programs that are based on implicit bias and limit the success of students of color? 3. What effective support strategies that could be implemented by faculty or educational programs in order to support the retention and success of students of color? 4. What actions do professional organizations need to undertake to control or assess for implicit bias in their staff?

COMMON FOCUS

This session will provide the opportunity for midwives, educators, and students to apply principles in low and high resource countries where midwives are working with non-traditional student populations.

COHESION BETWEEN SECTIONS

1) Overview and introduction of panel 2) Explain what diversity (e.g., racial, religious, ethnic, immigration status, gender) in midwifery looks like and why it is important within our profession 3) Highlight barriers to diversity within the midwifery workplace – values, policy 4) How does the lack of equity and diversity impact students 5) Break up into small groups with 6 group facilitators: Discuss strategies the midwifery profession could employ to improve diversity within midwifery education and the workforce in your setting? 6) Return to larger group to with facilitator summarizing all of the strategies, conclusion.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Discussing current challenges of equity and inclusion for midwifery students will help to bring about sustainable change that improves the health of our most vulnerable populations.

ICMBALI-0076 - An interpretative phenomenological analysis of the maternity care lived experiences of women with obesity (BMI ≥ 30 kg/m²)

S. Atkinson[1]

1 *University of Limerick, Nursing and Midwifery, Limerick, Ireland*

BACKGROUND

Obstetric and midwifery literature continually emphasis the incidence and consequence of obesity in pregnancy. However, there is less guidance on how best to support women with obesity throughout their childbirth experience.

OBJECTIVES

This study explores the lived experience of women who have a Body Mass Index (BMI) ≥ 30 kg/m² to provide a bio-psycho-social understanding of their maternity care experiences.

METHODS

An Interpretative Phenomenological Analysis (Smith *et al.,* 2009) design was utilised for this qualitative study. Following ethical approval from Health Service Executive (Ireland), purposive sampling of participants commenced on the postnatal wards of a regional maternity hospital. Fifteen participants were interviewed at six to ten weeks postnatally.

RESULTS

The narrative data revealed five super-ordinate themes with associated sub-ordinate themes. Super-ordinate themes identified were Unconscious collusion, Motivation, Narrative of being 'heavy', Wellbeing and Disempowerment.

CONCLUSIONS

Data highlights the complexity of obesity related conversations that women and healthcare professional navigate. Conflicting nature of narratives relating to motivation, risk and wellbeing add to the problematics of communicating obesity in pregnancy. Although, the postnatal period was identified as an appropriate time to initiate lifestyle change participants also acknowledged barriers to maintaining motivation during this period. In addition, an over emphasis placed on risk rather than on an individual's level of health and fitness left women feeling dissatisfied and impacted on choices for care. A lack of involvement in care decisions and the chaotic nature of care provision created a sense of disempowerment.

KEY MESSAGE

The results highlight the need to improve communication between women and healthcare professionals, to equip midwives with the skills and confidence to initiate honest and sensitive healthy weight management conversations. Incorporating the concept of salutogenesis within practice may challenge the dominate discourse of risk, to place a greater emphasis on wellness factors as opposed to viewing potential implications of maternal obesity as an inevitability.

ICMBALI-0796 - Are current gestational weight gain recommendations valid in obese pregnant women? A population based study in 337.590 births

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3 *University Hospitals Leuven, Department of Obstetrics and Gynecology, Leuven, Belgium*
4 *Jules Bordet Institute, Université Libre de Bruxelles, Data Centre – Biostatistical unit, Brussels, Belgium*
5 *Study Centre for Perinatal epidemiology, Spe, Brussels, Belgium*

BACKGROUND

Maternal obesity is an epidemic health problem that is aggravated by excessive gestational weight gain. Current US IOM guidelines (2009) for gestational weight gain need to be evaluated against the current rise in obesity in the general and pregnant population.

OBJECTIVES

We wanted to study the relation between gestational weight gain (GWG) and pregnancy outcome and to evaluate whether current guidelines for GWG are associated with the best obstetrical outcome.

METHODS

Population-based study. We performed an epidemiological analysis in a cohort of Belgian pregnant women who delivered between 2009 and 2014 from a singleton term (≥ 37 weeks) live birth (N = 337,590). Logistic regression was used to determine the optimal gestational weight gain in relation to relevant pregnancy and birth outcomes.

RESULTS

The prevalence of maternal obesity significantly increased from 10.3 % in 2009 to 11.4 % in 2014. The mean (SD) BMI (kg/m^2) at the start of the pregnancy significantly increased from 23.9 (4.5) in 2009 to 24.2 (4.6) in 2014. Excessive gestational weight gain is frequent, especially in overweight (56.8 %) and obese (52.9 %) pregnant women. In the logistic regression model, the amount of gestational weight gain associated with the lowest incidence of both large-for-gestational age and small-for-gestational age babies was 21 kg in underweight women, 14 kg in normal weight, 8 kg in overweight, 0 kg in obese class I, -4 kg in obese class II, and -5 kg in obese class III.

CONCLUSIONS

The prevalence of maternal obesity has risen in Belgium between 2009 and 2014.

KEY MESSAGE

Current GWG guidelines, based on historic US observational data are probably too liberal for class II and III obese women in which better outcomes are being predicted for lower weight gain than recommended in this predominant Caucasian population.

ICMBALI-0580 - The PRAM study – the feasibility and acceptability of incorporating weight charts supported by motivational interviewing based midwifery conversations into antenatal care

J. Sanders[1]

1 *Cardiff University, School of Healthcare Sciences, Cardiff, United Kingdom*

BACKGROUND

Excess maternal gestational weight gain is associated with pregnancy and birth complications, increased costs, and may lead to long-term maternal obesity. Although international weight gain guidelines exist, women have reported information as vague and inadequate.

OBJECTIVES

To assess the feasibility and acceptability of incorporating a weight chart and midwife support, using motivational interviewing techniques, into antenatal care.

METHODS

Pregnant women were recruited by study midwives at routine maternity appointments and provided with personalised weight charts (based on their BMI) to record pregnancy weight gain against a plotted recommended range. Participants were engaged in sensitive discussions by their community midwives, who were trained in motivational interviewing techniques. Participants were followed up postbirth and weight charts collected from maternity notes. Participant qualitative interviews and midwife focus groups were conducted.

RESULTS

Fifty two women were recruited across all BMI categories. Weight charts were obtained from 33 (63.5 %) of participants' maternity notes; 29 participants (55.8 %) had monitored weight ≥10 times throughout pregnancy and 4 participants (7.7 %) had monitored their weight 1≥ <9 times. Gestational weight gain was obtained for 41 participants (78.8 %) and compared to IOM recommended parameters. Of these, 11 participants (27 %) were in range, 19 (36.5 %) were above and 11 (21.2 %) below recommended parameters. Qualitative interviews / focus groups with participants and midwives revealed that the weight charts were generally acceptable to participants, but that midwives did not engage participants in discussions about their weight as part of antenatal care.

CONCLUSIONS

Monitoring of gestational weight gain in pregnancy is generally acceptable to women and could be incorporated into an antenatal weight management intervention. However further work is required to clarify healthy weight gain ranges and identify the most effective methods of supporting women to achieve healthy gestational weight gain.

KEY MESSAGE

Effective methods of supporting women to identify and achieve a healthy weight gain in pregnancy are still required.

ICMBALI-0546 - What are midwives' perspectives of providing care to women who are obese during pregnancy and childbirth in New Zealand?

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2 *NZCOM, Midwifery, Christchurch, New Zealand*

BACKGROUND

The risks of obesity to the mother and her baby are well documented, guiding and informing policies and practices within New Zealand. The medicalisation of obesity maybe challenging for midwives in their role of promoting normal birth and positive outcomes for women. It is largely unknown what the experiences and perceptions of midwives are who provide care to women of increased BMI in the current New Zealand context.

OBJECTIVES

This qualitative study will explore the perspectives of midwives as a means of developing an improved understanding of the pertinent issues. It is expected that an improved understanding could identify strategies that support improved care provision for women.

METHODS

A feminist standpoint methodology which values women's unique perspectives was used to explore midwives experiences of providing midwifery care as they relate to pregnancy and obesity. Ethics approvals were granted by Health and Disability Ethics Commission and Otago Polytechnic. Data collection was undertaken in three different locations within New Zealand. 7 in depth interviews and 3 focus groups were conducted with midwives with a total of 19 participants including both core and LMC midwives. Thematic analysis was used to identify themes.

RESULTS

Four themes were identified. It's midwifery as normal, the irony of intervention, concern for women's experience and the vulnerability of being a midwife.

CONCLUSIONS

Midwives perceive working with women who are obese as part of the everyday provision of midwifery care, however they had concerns about the journey of women who are pregnant and obese in New Zealand. Midwives worked towards promoting positive outcomes for women who are obese whilst navigating the challenges of increased medicalization, risk and intervention.

KEY MESSAGE

Midwives are concerned with the experiences of women who are obese and pregnant. Intervention and medicalisation of obesity is further contributing to negative outcomes and experiences. BMI as a single measure of risk is flawed.

ICMBALI-0495 - Women planning a vaginal birth after caesarean (VBAC) in Australia; a National survey

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BACKGROUND

For most women having a vaginal birth after caesarean (VBAC) is a safe option yet the rates of VBAC remain low internationally. Research exists around decision-making for women, but less research explores the antenatal experiences of women planning a VBAC.

OBJECTIVES

To explore the antenatal experiences and expectations of women currently pregnant and planning a VBAC and the antenatal and birthing experiences of women who had previously planned a VBAC in Australia.

METHODS

A National online survey was designed based on previous qualitative data results. The survey was reviewed and improved by eligible women through cognitive focus groups. The survey was distributed online through social media sharing and advertising. Descriptive statistical analysis was used on quantitative results and content analysis on qualitative results. Ethical approval was gained from WSU human ethics committee H11890.

RESULTS

409 women completed the survey with 75 % women who had previously planned a VBAC and 24 % women who were currently pregnant and planning a VBAC. From the women who previously planned a VBAC 69 % had a VBAC and 21 % had a repeat caesarean. 32 % of women who previously planned a VBAC had continuity of care (CoC) with a midwife and 14 % had CoC with a doctor and 12 % birthed at home. 42 % of women received negative comments from their health care provider about VBAC. Further analysis is currently occurring and will be presented at the conference.

CONCLUSIONS

The results of this survey highlight the differences in planning a VBAC based on location and model of care and identify how women planning a VBAC felt they were treated by health care professionals.

KEY MESSAGE

Women seek a VBAC to feel empowered while experiencing a vaginal birth and to have a better recovery post birth. While planning a VBAC women often experience threatening and bullying behaviour from health care providers.

ICMBALI-1113 - Vaginal birth after caesarean section: midwives giving women individualised predictive information to support decision making

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2 *Edinburgh Napier University, Health and Social Care, Edinburgh, United Kingdom*
3 *HeSAV Switzerland, Midwifery, Lausanne, Switzerland*

BACKGROUND

Rising caesarean section (CS) rates are a global health concern. Contemporary data indicates that almost 50 % of CS are electively performed, with a high proportion of these being a repeat procedure. Vaginal birth after caesarean (VBAC) is recognised as a safe way to give birth in developed countries. Evidence suggests that women want individualised information, particularly about their likeilihood of successful VBAC, to enable them to participate in the decision making process. Midwives are a common source of professional information and advice.

OBJECTIVES

This study aimed to identify characteristics that could inform a predictive model which would allow women to receive personalised information about their chances of achieving a successful VBAC.

METHODS

An observational study using single site anonymised clinical data from a detailed, comprehensive socio- demographic and clinical dataset. All women who attempted a singleton term VBAC - over 12 years were included. Data were analysed using statistical techniques to identify variables predictive of successful VBAC. The variables significantly associated with successful VBAC are now being validated using a national dataset.

RESULTS

Factors predictive of successful VBAC using the local dataset were: ethnicity ($p = 0.011$), obstetric complications ($p < 0.001$), previous vaginal birth ($p = < 0.001$), antepartum haemorrhage ($p = 0.005$), pre-pregnancy BMI ($p < 0.001$) and previous second stage CS ($p < 0.001$). The results of the national validation will be ready for presentation in June 2020.

CONCLUSIONS

By having access to clinically detailed variables, this study has identified a new significant predictor. Women who had a previous CS in the second stage of labour are more likely to have a successful VBAC.

KEY MESSAGE

Most clinical opinion, based on experience, is contrary to this so VBAC has not been routinely offered to these women. This predictor may have international significance and support more women to achieve a vaginal birth.

ICMBALI-0248 - Decision-making processes for repeat caesarean section: A qualitative study in auspicious time in Taiwan

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3 *James Cook University, Townville & Townsville Hospital and Health Service, Townville, Australia*

PURPOSE

In traditional Chinese societies, giving birth at an auspicious time is believed to confer beneficial effects on a child's fate and ensure the safety of mothers and babies.

The study aimed to understand the influence of an 'auspicious time' on the birth choices of Taiwanese women who have experienced a previous cesarean birth.

METHODS

In 2012, the Year of the Dragon, pregnant women were recruited from a private medical center in northern Taiwan. Semi-structured interviews were conducted at 35–37 weeks' gestation and one month postnatally. Data were collected by audio-recording interviews that were transcribed. Analysis was conducted using a constant comparative analytic technique and thematic analysis.

DISCUSSION

A total of 21 women participated in the study and 16 women birthed by a repeat caesarean section. Wellbeing, an overarching concern for the wellbeing of mothers and babies was the core theme arising from the data and had two categories and three subcategories: (1) not wishing for a dragon baby: women did not wish to have dragon babies because of concern about increasing children's competitiveness in academic performance; reduced access to education resources; and encountering crowds of people everywhere (2) wishing for a fortunate fate: women's decision-making processes involved three subcategories: avoiding negative outcomes, opting for a safe birth and selecting an auspicious time for the operation.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

An auspicious time of year to give birth did not influence women's birth choices, instead, women made a decision for a repeat caesarean because of concerns about mother's and baby's wellbeing.

EVIDENCE IF RELEVANT

However, once the decision for birth mode had been made, women often selected an auspicious time and/or day to give birth.

KEY MESSAGE

In providing woman-centered care to Taiwanese pregnant women is it important to provide balanced, evidence-based information on birth options sensitive to psychological, emotional as well as cultural influences.

ICMBALI-2245 - Decrease in pain intensity of active phase childbirth in stage i through red blossom aromatherapy massage at Kartini Hospital

F. Widiningsih[1]

1 *Kartini Hospital, Midwife of Verlos Kameer, South of Jakarta, Indonesia*

DESCRIPTION OF RESEARCH OR INNOVATION

The intensity of pain during excessive labor can be detrimental to the mother and fetus. The administration of red blossom aromatherapy massage extract as a non-pharmacological technique, useful to cause the effects of distraction and relaxation. The purpose of this study was to determine the effect of red blossom aromatherapy therapy on the intensity of pain during labor. This quasi-experimental research method with pre post-test design was carried out on 21 multiparous mothers who experienced first-time delivery in the obstetric ward at Kartini hospital. Sampling through consecutive sampling method. Data was analyzed through Paired t-test and Wilcoxon sign rank test.

SIGNIFICANCE TO MIDWIFERY

Why is aromatherapy massage important for midwives? because every client wants a comfortable and safe delivery, one of the things that is able to provide comfort during labor is calm for the mother in childbirth. This can be an alternative in reducing client pain.

ICMBALI-2080 - The granddaughter of a witch they forgot to burn

R. Bowman[1]

1 *The University of Canberra, Midwifery Discipline, Bruce, Australia*

DESCRIPTION OF RESEARCH OR INNOVATION

Midwives and women have been using raspberry leaf since the 6th Century in Europe. History tells us there were 'witch hunts' across Europe. Most of those witches killed were midwives. When we lost them, we lost knowledge around raspberry leaf. Recent surveys tell us that raspberry leaf use is still prevalent all over the world. While there is a long history of anecdotal use, women are taking Raspberry Leaf in their pregnancy without any clinical evidence for efficacy or safety. International advisory groups state that women should be cautioned in the use of herbal medicine during pregnancy as they are not evidence based. I am searching for evidence. I am conducting a prospective observational study. I am recruiting 750 women who have chosen to take raspberry leaf and comparing their birth outcomes to 750 women who aren't.

SIGNIFICANCE TO MIDWIFERY

This research can help midwives discuss with confidence the use of raspberry leaf.

ICMBALI-2131 - An international network for midwifery students: chances and challenges

L.S.F. Apitz[1], *U. Lange*[1]

1 *University of Applied Sciences Bochum, Department of Applied Health Sciences, Bochum, Germany*

PURPOSE

Most of the midwifery students will probably never have the chance to study abroad. But the reflection of the own behavior and the development of general language and intercultural skills could be learned perfectly during an international internship. Also a virtual network between international midwifery students could enhance a worldwide perspective on midwifery and childbirth.

DISCUSSION

The students view on the benefits from learning abroad are in the center of the presentation. Based on the experiences during an internship in Trinidad and Tobago the idea was born to implement an international virtual network for midwifery students. This could be a first step to let a worldwide perspective be part of the midwifery education. The network could be used as a platform for sharing information and experiences, for learning to respect different birthing cultures and could support the understanding of midwifery under different conditions from a student's perspective.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Internationalization is important for enhancing the midwifery profession worldwide. Students, who are willing and able to learn from colleagues in other countries, will probably have a broader perspective on midwifery from the beginning of their working life. This can affect their identity as a midwife positively.

EVIDENCE IF RELEVANT

The reported student's experiences come from a ten weeks internship in the 4th semester of the midwifery education, which is included in the curricula of a practical module at the University. The student was able to change her perspective on midwifery skills needed under different conditions as in Germany. This knowledge influenced her view on learning processes during the education process in a long run and created the idea of the virtual network.

KEY MESSAGE

An international exchange, personally or virtually, should be facilitated for more midwifery students.

ICMBALI-0233 - Promoting quality clinical education through student feedback: development of a new tool

M. Griffiths[1], *J. Fenwick*[1], *J. Gamble*[1], *D. Creedy*[1]

1 *Griffith University, School of Nursing and Midwifery, Brisbane, Australia*

BACKGROUND

Little emphasis has been given to the standardised measurement of midwifery students' perceptions of their clinical learning experiences.

OBJECTIVES

To develop and test a tool to evaluate student's experiences of the clinical practice learning environment and impact on role development as a midwife.

METHODS

Development and testing of the tool proceeded in three phases. Phase 1: Development of items – 54 draft items reflected students' perceptions of their clinical practice environment and influence of midwife preceptors. Phase 2: Draft items were assessed for clarity, apparent internal consistency and content validity. Phase 3: Pilot testing: Students enrolled in a Bachelor of Midwifery program (n = 205) were invited by email to complete the draft tool and again one week later. The draft Midwifery Student Evaluation of Practice (MidSTEP) tool was assessed for dimensionality, internal consistency reliability and test-retest reliability.

RESULTS

A response rate of 72 % (148/205 students) was achieved. MidSTEP was found to be reliable (Cronbach's alpha above .90) and valid. Participants positively assessed their clinical practice environment as supportive offering experiences across the full scope of midwifery practice. Overall, students positively rated their midwifery preceptors' abilities to progressively build confidence and recognise their contribution to women's care.

CONCLUSIONS

Quality clinical education is critical to the success of any pre-registration midwifery program. MidSTEP is an international first and provides valuable insights into areas for improvement.

KEY MESSAGE

MidSTEP can be used to evaluate how the clinical practice experience effects the development of student midwives. Students' feedback can provide universities and their practice partners with valuable information on how best to optimize clinical education. Implications for clinical education and future research will be discussed.

ICMBALI-1832 - Midwifery students' experiences of their education journey to qualify as midwives. Preliminary findings of a PhD study

J. Jackson[1]

1 *Professional Midwifery PhD student, Canterbury Christ Church University, Whitstable, United Kingdom*

BACKGROUND

HEE (2019) identified that 1050 – 2386 more WTE midwives would be needed by 2021 for the NHS. Student midwives' attrition rates for 2013/2014 – 2014/2015 aggregate at 30.97 % (HEE 2018). This loss will seriously impact on expected midwifery workforce requirements to meet the needs of pregnant women.

OBJECTIVES

To explore the factors that influence 3 year pre-reg midwifery student attrition and retention. There is an absence of the students' voice in why they choose to stay and the factors that influence this choice. This study has worked with students' during their education and has 'listened' to and 'heard' their voice. Outcomes are hoped to influence stemming the high attrition rate in the midwifery student population.

METHODS

A multiple-case design with embedded multiple units of analysis in 2 UK Universities. The Context for each case is the 3 year Midwifery education programme at each University with ethical approval gained. The embedded units of analysis were the Student Midwives in each year of the programme. Focus groups and individual interviews with each year group were transcribed and analysed using NVIVO.

RESULTS

Preliminary results have identified that students value being treated as adult learners however this is not consistent. Mentors and lecturers are very influential and cause great consternation when not supportive. The peer support network is very powerful and gives a safe area for development and support when the going gets tough. The development over the 3 years is marked with growing confidence in their own abilities. The experiences of the students from the 2 universities have differences yet also equivalences in the same year groups.

CONCLUSIONS

It is essential students are empowered through their education to become competent midwives, not disempowered which may lead to attrition.

KEY MESSAGE

Students are an essential part of the future workforce and must be nurtured to fully realise their potential.

ICMBALI-2177 - Student self-confidence and objective structured clinical examinations

D. Duran-Snell[1]

1 *Oregon Health & Sciences University, Nurse-Midwifery Program/School of Nursing, Portland, USA*

BACKGROUND

The International Confederation of Midwives (ICM) strongly emphasizes competency as a tenet of midwifery education and practice. Choosing appropriate objective strategies to assess clinical competence is a challenging task for midwifery educators. The objective structured clinical examination (OSCE) was developed for clinical evaluation of medical students more than 40 years ago and holds promise for use in midwifery clinical evaluation. When midwifery students make strong confident clinical decisions, they are meeting the expectations of the ICM and are establishing a cornerstone skill for professional practice. The relationship between student confidence and competence requires in-depth investigation.

OBJECTIVES

The objectives for the study were to obtain information on student self-confidence and administration of OSCEs. This study offers new information on OSCEs application, particularly in relation to confidence in midwifery education and practice.

METHODS

Non-probability convenience sampling was used for this quasi-experimental pretest posttest study. Second year graduate nurse-midwifery students (n = 11) over the age of 20 and enrolled in a required clinical course at a large U.S. university were recruited to participate in the study. The 27-item *Nursing Anxiety and Self-Confidence with Clinical Decision Making* (NASC-CDM) scale was used to measure student self-confidence.

RESULTS

A paired samples *t*-tests computed on student self-confidence scores revealed that students had statistically higher self-confidence scores post OSCE then pre OSCE testing. Mean scores pretest was 119.8182 and mean post-test scores were 129.7273 (t = -4.342; P = 0.001; df = 10; n = 11).

CONCLUSIONS

This study raises important considerations for midwifery educators engaged in assessing students. The findings in this study are congruent with previous research on OSCEs in midwifery literature and support the depth of learning and increase in self-confidence associated with the use of OSCEs.

KEY MESSAGE

The evidence on OSCEs application in relation to student self-confidence in midwifery education and practice has the potential to make an effective and meaningful contribution towards student competence.

ICMBALI-0065 - Empowering women through breastfeeding: how community midwives support exclusive breastfeeding in New Zealand

N. Alianmoghaddam[1], *C. Benn*[1]

1 *Massey University, School of Health and Social Services, Palmerston North, New Zealand*

BACKGROUND

Although breastfeeding advocates are actively involved in promoting and supporting longer duration of exclusive breastfeeding, the prevalence of six months exclusive breastfeeding is very low in developed countries including New Zealand.

OBJECTIVES

In this presentation the role that community midwives play in promoting exclusive breastfeeding in New Zealand is explored.

METHODS

The presentation is based on findings from a generic qualitative research study involving face to face postpartum interviews with 30 mothers who prior to the birth of their infants were characterised as highly motivated to breastfeed exclusively for six months. The research participants were recruited from the lower North Island of New Zealand. In order to gain an in-depth understanding of the research material, thematic analysis of the interview transcripts was completed using manual coding techniques.

RESULTS

After thematic analysis of the qualitative interview material three themes emerged: "pressure and resistance to breastfeeding"; mothers need to know more about breastfeeding during pregnancy and breastfeeding self-efficacy support from the community midwives.

CONCLUSIONS

The research participants suggested that resistance to breastfeeding occurs as a result of perceived judgements around formula feeding, feeling guilty and pressured to breastfeed. The institutional role of health professionals who are employed or paid by the government and have a duty to regulate and monitor their clients' behaviour based on the health organisations guidelines cannot be ignored. However, most research participants appreciated and acknowledged the effective support that they received from their community midwives also encouraged these women to look after their children appropriately regardless of the method of infant feeding and most importantly respected the mothers' autonomy.

KEY MESSAGE

Midwives play a significant role in supporting breastfeeding mothers highlighting the mothers' need for empowerment to improve their self-efficacy and encouragement around breastfeeding.

ICMBALI-1756 - Creating a sense of coherence: a critical ethnography of the Unicef UK Baby Friendly Initiative

A. Byrom[1], *G. Thomson*[1], *M. Dooris*[1], *F. Dykes*[1]

1 *University of Central Lancashire, School of Community Health and Midwifery, Preston, United Kingdom*

BACKGROUND

The World Health Organisation (WHO)/UNICEF Baby Friendly Hospital Initiative [BFHI] 'Ten steps to successful breastfeeding' is an example of a large-scale, global health intervention that aims to influence the culture of infant feeding care provision throughout hospital maternity settings. In the United Kingdom [UK], Unicef UK adapted these 'Ten steps' developing national BFI standards that reflect a paradigm shift towards the experiences of women and families using maternity services. Currently, no studies have explored how the recently revised Unicef UK BFI standards have influenced women, families and staff working in maternity units that are engaged with the BFI.

OBJECTIVES

My study bridged this gap by exploring how the BFI impacts upon the local cultures of a maternity unit in the North of England.

METHODS

Informed by critical theory I conducted a critical ethnography in one maternity unit, in England, that has sustained the BFI standards before, during and beyond the introduction of BFI revised standards in 2012. Between 2011 and 2017 I undertook participant observations of infant feeding activities/care and focused interviews with staff (n = 26) and service-users (n = 21) predominantly in the postnatal areas of the hospital maternity unit. I used Attride-Stirling's thematic network analysis to interpret the data collected.

RESULTS

The study revealed the ways in which the BFI enhances staff and service-user Sense of Coherence (SOC): helping them to become *informed and informing, responsive and standardised*, and to have the *belief and motivation* needed to optimise infant feeding care practices.

CONCLUSIONS

In conclusion, Unicef UK BFI, enables 'emotional' (meaningful), 'practical' (manageable) and 'informational' (comprehensible) support for both staff and service-users; strengthened by effective, local leadership and a team approach.

KEY MESSAGE

Infant feeding policy, leadership and practice must balance relational and rational approaches to generate both individual and collective SOC to improve infant feeding care provision.

ICMBALI-1899 - Applying the behaviour change wheel: insights into the development of the breastfeeding component of the baby buddy app

L. Musgrave[1]

1 *The University of Sydney and Sydney Local Health District NSW Health, Centre for Education and Workforce Development, Sydney, Australia*

BACKGROUND

Breastfeeding plays a major role in public health for both mothers and babies and positively shapes an individual's life. In the UK, despite around 81 % of women initiating breastfeeding, the country ranks lowest in the world (0.5 %) for breastfeeding at 12 months. Women who are socially disadvantaged, particularly younger mothers, are less likely to breastfeed by 6–8 weeks. Baby Buddy is a mobile app developed as an intervention designed to reduce health inequalities for pregnant women and new parents. One of the inequalities addressed is breastfeeding.

OBJECTIVES

This study retrospectively examines the development of the Best Beginnings app, Baby Buddy, as a Digital Behaviour Change Intervention (DBCI) to increase breastfeeding self-efficacy, knowledge and confidence to impact on breastfeeding rates and duration.

METHODS

A review of the app development process and content analysis was undertaken using the Behaviour Change Wheel (BCW) and taxonomy. Mixed methods techniques were performed to understand barriers and enablers affecting disparity. Health care professionals, parents and families were engaged as co-creators at all stages and were instrumental in implementation.

RESULTS

Baby Buddy delivers breastfeeding content designed to appeal to younger women. A clear understanding of the behaviours that need to change in pregnancy to improve knowledge, breastfeeding self-efficacy and confidence was sought. Analysis confirms that the resources developed could assist women to make decisions, effect attitudes and self-efficacy in relation to breastfeeding. The BCW framework assisted in evaluating Baby Buddy design and intervention components and highlighted potential areas for improvement.

CONCLUSIONS

Best Beginnings have developed a sound platform for a breastfeeding DBCI that can be mapped to the BCW and can improve knowledge, confidence and self-efficacy.

KEY MESSAGE

Future research should assess and measure which components of apps are most effective, how best to engage health professionals and whether there is any impact on clinical health outcomes for mothers and babies.

Room 8

CONCURRENT SESSION: BREASTFEEDING IN COMMUNITY

ORAL PRESENTATION

ICMBALI-0162 - Establishing a community breastmilk bank. A voyage outside and around the square

Y. Hiskemuller[1], C. Bartle[2], J. Dixon[3]

1 *New Zealand College of Midwives, Lead Maternity Carer Midwife, Christchurch, New Zealand*
2 *New Zealand College of Midwives, Policy Analyst, Christchurch, New Zealand*
3 *Joy Dixon's Womens Health, Private Obstetrician, Christchurch, New Zealand*

PURPOSE

A community breastmilk bank is an important step toward protecting and supporting breastfeeding women to exclusively breastfeed their babies. In this presentation we will describe the four-year journey which led to the establishment of the Rotary Community Breastmilk Bank in Christchurch, New Zealand. This facility supplies pasteurised donor milk to women who need supplementary milk for their infants whose babies are in the community.

DISCUSSION

We have successfully established a community breastmilk bank that is accessed by women with babies outside of the neonatal unit in one region of New Zealand. The Rotary Community Breastmilk Bank opened in 2018 and involves twenty volunteers and numerous donors providing the gift of breastmilk for babies in need. This presentation will identify the important steps to setting up a community milk banks in other regions.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Donor breastmilk is considered the next best option to breastfeeding when there are lactation difficulties. Globally donor milk banks supply donated milk from screened donors, and pasteurise it for distribution to recipient infants usually on a priority list basis. Prioritisation is often limited to babies in neonatal units. Donor breast milk should be available to all women experiencing lactation difficulties.

EVIDENCE IF RELEVANT

A working committee of midwives and women from three Christchurch Rotary Clubs was formed to establish a community breastmilk bank. Work involved; identifying costs, fundraising, reviewing global guidelines, writing policy and local guidelines and negotiating with the local hospital neonatal unit for use of their pasteuriser. There has been significant demand for our service with 54 litres of pasteurised human donor breast milk being dispensed to 51 babies.

KEY MESSAGE

Donor breast milk should be available to all women experiencing lactation difficulties, establishing a community milk bank is an important step toward this goal.

ICMBALI-0179 - How good is collaboration between maternity service providers in the Netherlands?

D. Cronie[1]

1 *OLVG, Midwifery, Amsterdam, Netherlands*

BACKGROUND

Good collaboration between health care professionals is a key element of safe, effective care, but creating a collaborative culture can be challenging. Good collaboration requires negotiating different professional orientations and the organizational constraints of hierarchies and scheduling. Good collaboration is especially important in maternity care. In the Netherlands, suboptimal collaboration has been cited as a significant factor in maternal deaths and in adverse incidents occurring in hospitals during evenings, nights, and weekends. Little is known about the nature and quality of collaboration between maternity care professionals. In order to fill this gap, we examined the inter-professional collaboration within multi-disciplinary teams (MDTs) providing maternity services in the Netherlands.

OBJECTIVES

Aims: To examine the experiences of inter-professional collaboration of maternity service providers in the Netherlands and to identify potential enhancing and inhibiting factors for interprofessional collaboration within maternity care.

METHODS

Online survey of MDTs (consisting of hospital and PCMs, doctors, and carers). We used a validated measure of collaboration to analyze the attitudes of those involved in the provision of maternity services about multi-disciplinary collaboration in their work. We used descriptive and inferential statistics to assess differences between the groups.

RESULTS

40 % of all respondents were not satisfied with collaboration within their MDT. Overall, mean collaboration scores (MCS) were low. We found significant differences in MCS between professional groups. Midwives – community and hospital based – were pessimistic about collaboration in future models of maternity care.

CONCLUSIONS

Suboptimal collaboration exists within the midwifery model of care in the Netherlands and the relationship between care providers is under pressure. This could affect patient safety and quality of care, according to the literature.

KEY MESSAGE

This paper presents an in-depth examination of the nature of, and attitudes about, collaboration between members of the MDT involved in the provision of maternity services in the Netherlands.

ICMBALI-0779 - The sanctum natural birth center: a unique midwife-led collaborative model of care

V. Krishnan[1], *C. Enyih*[2]

1 *Co-Founder, The Sanctum Natural Birth Center, An Autonomous Birth Center, Hyderabad, India*
2 *The Sanctum Natural Birth Center, Midwifery, Hyderabad, India*

PURPOSE

In India, midwifery as defined by ICM exists only in name, with the current "midwives" being restricted to ObGyn nursing. Typical hospitals in India have negligible labor support and rapidly rising intervention rates, with pockets of the country seeing 95 % cesareans and 100 % episiotomies.

In 2008, we realized the need for establishing a midwife-led birth center to start reversing these disturbing trends. We also knew that medical interventions save lives. Considering both needs, we created a new "Collaborative Model of Care" (CMC) which is midwife led, with 24x7 backup team of OB/Gyns, paediatricians, and other specialists, with onsite infrastructure of OT and Level 1 NICU for emergencies.

DISCUSSION

India has done remarkable work in decreasing maternal and infant mortality over the past two decades. However, ICM defined standards of care, such as respectful maternity care and right to informed choice are almost non-existent in the current Indian medical system.

Starting from an independent wing inside a maternity hospital, to the current freestanding birth center, we have been honing our CMC to a near ideal, women-centered care model. The Sanctum Natural Birth Center, reflects this unique paradigm, where even mothers with complex needs receive normal birth focused continuity of care from autonomous midwives, with the comfort that specialist care is available when needed.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

The presentation will describe the framework of our CMC, protocols of care, guidelines for "co-management", and sensitizing OB/Gyns and pediatricians to the model of care.

EVIDENCE IF RELEVANT

Our 2018 statistics reflect the success of this model:

92 % Natural Births (including GDM, PIH, Twins, Breech births).

88 % VBAC & 100 % VBA2C rate.

100 % Breastfeeding rates.

KEY MESSAGE

We will discuss the salient features of our collaborative model of care, our implementation experience, key data which supports the success of this model, and how we can help other midwives replicate this model in their communities.

ICMBALI-1647 - Engaging traditional birth practice in designing professional midwifery strategy in Haiti

V. Leblanc[1]

1 *UNFPA Haiti Country Office, Maternal Health, Port au Prince, Haiti*

BACKGROUND IN HAITI

- High maternal and neonatal mortality rate (529 per 100 000 / 36 per 1000).
- High percentage of non-skilled birth attendance 58 %.
- High level of community based birth delivery by traditional birth attendants (TBA) 61 %.
- Shortage of midwives: only 13 % of midwifery workforce covered, 280 midwives vs 7000 TBA, 2200 midwives needed.

PURPOSE

Decrease maternal health mortality through increasing demand for institutional birth delivery· Promote women centered care through more cultural sensitive midwifery based on traditional birth practice· Address determinants of non-institutional birth delivery and promote respectful maternity care.

PROJECT

A midwifery strategy is being implemented supported by UNFPA and Canadian government to improve sexual and reproductive health of Haitian women and girls. Deployment aspect of the project is based on community penetration of midwives in collaboration with TBA.

DISCUSSION

TBA called « matrones » in Haiti are enrooted in the communities. They are respected, trusted and present in the communities. Up to now developing Haitian midwifery was much more institutional wise. When developing midwifery strategies in a very low income country, investing in defining midwifery in regards to women's culture and to social and cultural model of care is crucial. TBA are encouraged to transfer their knowledge to new educated generation of midwives so that they provide care that takes into account birth sociology specifications.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

The importance of developing authentic midwifery in each country in regard to culture is key to promote professional midwifery. Haitian midwives need to integrate this aspect into their practice to attract women and provide the care they seek at institutional and community level.

EVIDENCE IF RELEVANT

Project developped and on going implementation.

KEY MESSAGE

Models of care, respectful care, rural, women centered, quality of care, vulnerable groups; Each country needs a cultural authenticity in midwifery practice.

Wednesday, 30 June, 19:30 PDT
Parallel sessions 17

RSC Writing for publication skills for midwives

L. Sweet[1], *C. Homer*[2], *J. Sandall*[3], *H. Kennedy*[4]

1 *Flinders University, College of Nursing and Health Sciences, Adelaide- South Australia, Australia*
2 *Burnett Institute, Co-Program Director Maternal and Child Health, Melbourne, Australia*
3 *Kings College London, Nursing- Midwifery & Palliative Care, London, United Kingdom*
4 *Yale University, School of Nursing, Orange- CT, USA*

THE LEARNING OUTCOMES

Writing for publication is essential for the dissemination of knowledge and practice, but many midwives are inhibited from publishing by a lack of confidence and/or knowledge of what the process involves. Writing for publication is an essential method of sharing innovative ideas and best practice. It is an expectation of those undertaking research that they will write up their findings and disseminate them through publication. Moreover, there are many elements of clinical practice that are worthy of sharing through publishing. Writing for publication is a skill that can be learned and so this writing for publication workshop aims to demystify the process and provide strategies and resources to motivate midwives to engage in writing for publication.

At the conclusion of the workshop participants will be able to:

1. Describe the writing for publication process
2. Identify journals to which they could submit their work
3. Locate the author guidelines for selected journals
4. Critique the wording and grammar of a title and abstract

THE PROCESS/ACTIVITIES

The workshop will commence with group work on the importance and place of publishing midwifery research and practice. Following this, a brief presentation on the key requirements of publications will be given. The requirements of professional journals are discussed, including the importance of identifying a suitable journal to which a manuscript might be submitted. Issues such as open access, predatory journals and impact factors will be discussed.

Key tips for publication success will be presented and debated, including understanding journal aims and audiences, author guidelines, and writing styles including accuracy, brevity and clarity. Examples will be provided to assist understanding these concepts. The publication process and what to expect will be discussed.

AUDIENCE PARTICIPATION

Workshop participants will then be guided through a writing process, starting with producing a working title and drafting an abstract. Although it is unusual to write the abstract first, doing so will help focus novice writers and gives them the opportunity to produce something meaningful that can support them to continue with their article after the workshop.

It is important for the midwifery profession to publish their knowledge and practice, to own their body of knowledge and enhance practice. This can only be achieved if midwives globally have the skills to publish in quality professional journals.

ICMBALI-1747 - Improving care during labour and childbirth: implementing WHO recommendations for a positive childbirth experience

M. Bonet[1], *T. Lavender*[2,3], *V. Pingray*[3], *C. Homer*[4]

1 *WHO, Department of Reproductive Health and Research, Geneva, Switzerland*
2 *University of Manchester, Division of Nursing, Midwifery & Social Work, Manchester, United Kingdom*
3 *Institute for Clinical Effectiveness and Health Policy IECS, Department of Mother & Child Health, Buenos Aires, Argentina*
4 *Maternal, Child and Adolescent Health Program, Burnet Institute, Melbourne, Victoria, Australia*

PURPOSE OF THE SYMPOSIUM

The presentations in this Symposium will summarize the WHO led process from development of recommendations on intrapartum care, to tools to facilitate its implementation by health care providers, including midwives.

1ST PRESENTATION

Mercedes Bonet: WHO recommendations on intrapartum care for a positive childbirth experience

The first presentation will summarize the WHO recommendations for a positive childbirth experience published in 2018, with special focus on women-centred care, and present the new WHO model of intrapartum care. In line with the WHO quality of care framework, the recommendations in this guideline cover non-clinical interventions as essential components of the experience of care that respect women's values and promote choice during all stages of labour and immediate postnatal period. They establish clinical norms of good practice for a safe labour and childbirth and discourage clinical interventions that could interfere with the physiological process of labour, and that do not confer additional benefits to women or their babies. The 2018 WHO guideline also addresses issues around the definitions of labour progress, recognising that every labour and childbirth is unique and that the duration of the first and second stages of labour varies from one woman to another.

2ND PRESENTATION

Tina Lavender, Caroline Homer: Development of the WHO Labour Care Guide: the next generation partograph

The second presentation will describe the process for development of the WHO Labour Care Guide (LCG), the new paper-based WHO labour monitoring and decision-making tool. The LCG addresses some of the challenges of the current partograph, and ensure that all health care providers can implement key concepts around new definitions of labour and labour progress. Its development process was based on quantitative and qualitative approaches, to obtain health care providers feedback and conduct a multi-country usability testing on these new tools.

3RD PRESENTATION

Veronica Pingray: Using the WHO labour care guide in clinical settings: from labour monitoring to action

The third presentation will describe the sections and components of the WHO Labour Care Guide (LCG) and provide insights on how to complete the tool in clinical settings. In addition, dissemination and educational resources that were developed to help health personnel to successfully use the LCG will be presented.

COMMON FOCUS

The WHO recommendations on intrapartum care for a positive childbirth experience, published in 2018, compile the evidence needed to provide high-quality childbirth care for women and their babies, including support and companionship, labour monitoring and action, and essential newborn care immediately after birth. The guideline recommends effective practices that support a woman's own capabilities during labour and birth, and the avoidance of ineffective and potentially harmful practices that hinder this, to ensure that women and babies can achieve their desired physical, emotional, and psychological outcomes.

COHESION BETWEEN SECTIONS

The guideline recommendations are intended to inform the development of relevant national- and local-level health policies and clinical protocols, but it is unlikely that any of them can individually achieve the overall goal of a positive childbirth experience for women. WHO is committed to provide countries with technical support to achieve effective implementation at all levels. This requires a model of care that gives priority to evidence-based practices that are acceptable to women, and which can be put

into practice with local adaptation. WHO is currently designing an implementation strategy, based on a rigorous evidence-based approach, to facilitate uptake of its global recommendations. This includes tools, resources and innovations that are designed to enable policymakers, managers and health providers to improve the quality of policy and care of women and their babies. As part of this work, the WHO intrapartum care recommendations have been adapted into the WHO Labour Care Guide monitoring and decision-making tools, designed by an international group of multi-disciplinary experts convened by the WHO, including midwives. The LCG is a tool designed to facilitate the implementation of the WHO IPC recommendations, in other words, to reduce the recommendation-practice gaps by listing, reminding and documenting the required observations to monitor well-being of women and babies during labour and childbirth.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

The primary audience for the WHO intrapartum care guideline and associated tools is healthcare providers, including midwives, who are responsible for providing care to women and newborns during labour and childbirth. Midewifes were involved in the development and validation of the guideline and tools.

ICMBALI-1127 - The effect of clinical birth interventions on child health outcomes up to 15 years of age: a linked data population-based cohort study

L. Peters[1,2,3], *T. Charlene*[2,4], *A. de Jonge*[1], *A. Khashan*[5], *S. Downe*[6], *E. Feijen-de Jong*[1,3], *H. Dahlen*[2]

1 *Amsterdam University Medical Centers, Department of Midwifery Science AVAG, Amsterdam, Netherlands*
2 *Western Sydney University, School of Nursing and Midwifery, Sydney, Australia*
3 *University of Groningen, University Medical Center Groningen, Department of Primary Care and Elderly Care Medicine, section Midwifery Science, Groningen, Netherlands*
4 *Flinders University, College of Nursing and Health Sciences, Adelaide, Australia*
5 *University College Cork, School of Public Health, Cork, Ireland*
6 *University of Central Lancashire, Preston, School of Community Health and Midwifery, Lancashire, United Kingdom*

BACKGROUND

Interventions during labour and childbirth are increasing globally, despite little improvement in outcomes, especially in high income countries, over the last 10–20 years. Emerging evidence suggests that overuse of birth interventions may have an adverse effect on children's health in the short and long term.

OBJECTIVES

The aim of our study was to examine the association between clinical birth interventions and children's health up to 15 years of age.

METHODS

New South Wales (Australia) population linked datasets were analysed. Data included maternal characteristics, children's characteristics, mode of birth, interventions during labour and birth, and adverse health outcomes (asthma, ear-nose-throat infections, eczema, respiratory infections, other infections) of the children that were registered with the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification codes. Multivariable logistic regression analyses were performed for each adverse health outcome. Additionally, the robustness of the associations was assessed on a subsample of sibling-pairs.

RESULTS

Approximately 500 000 women and babies were included in the final analysis. About 40 % of women experienced a spontaneous vaginal birth. Significant results were obtained in a range of the variables assessed. These will be presented at the conference ICM 2020.

CONCLUSIONS

Children born by spontaneous vaginal birth had fewer longer-term health problems, compared to those born following common birth interventions.

KEY MESSAGE

Children born by cesarean delivery were particularly at increased risk for adverse health outcomes in the longer term, that is, infections related diseases.

ICMBALI-2233 - The sacred hour after birth: honoring the birthing dyad's biological, emotional, and spiritual processes as they complete their journey to each other

M.B. Rothman[1]

1 *M.A.M.A.S. Inc., Full Scope Midwifery, Takoma Park, USA*

PURPOSE

The purpose of this presentation is to review research surrounding the first moments of life, and to offer a clinical exemplar for preserving the physiological, emotional, and spiritual value of this sacred hour.

DISCUSSION

How can we deliver the placenta, monitor postpartum bleeding, repair the perineum, manage the umbilical cord and assess the newborn without interfering with the natural transition that mother and baby are discovering together?

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Understanding the science behind this model of immediate postpartum clinical management may present new ways of approaching the moment of birth from the point of view of practicing midwives, midwife educators, and makers of policy.

EVIDENCE IF RELEVANT

Khan J, Vesel L, Bahl R, Martines JC. Timing of breastfeeding initiation and exclusivity of breastfeeding during the first month of life: Effects on neonatal mortality and morbidity – A systematic review and meta-analysis. *Matern Child Health J*. 2015;19(3):468–479. Moore ER, Bergman N, Anderson GC, Medley N. Early skin-to-skin contact for mothers and their healthy newborn infants. Cochrane Database of Systematic Reviews 2016, Issue 11. Bergman NJ. The neuroscience of birth – and the case for Zero Separation. *Curationis*. 2014;37:1–4. Matthews KC, Leslie MS. Systematic Review of Umbilical Cord Clamping Practices Worldwide [15A]. *Obstetrics & Gynecology*. 2016;127:15.

KEY MESSAGE

The birthing dyad has a physiological, emotional, and spiritual journey that, when protected, promotes maternal and infant health and well-being.

ICMBALI-1185 - Mentor ship of midwives can improve natural pain relief practices during labor

A. Karim[1], R. Alam[2], A. Mahamud[2], R. Anderson[3], J. Johnson[4]

1 *Save the Children, Health and Nutrition Sector, Dhaka, Bangladesh*
2 *Save the Children, Health Nutrition and HIV/AIDS Sector, Dhaka, Bangladesh*
3 *UNFPA, Health, Dhaka, Bangladesh*
4 *Save the Children USA, Health, Washington- DC, USA*

PURPOSE

Since pharmacological interventions for labor pain management is not well established in Bangladesh, midwifery practice of recognized natural pain management like mobility, companionship, breathing technique etc. is the key strategy for minimizing labor pain at sub-district level hospitals. Save the Children implemented a mentorship program to strengthen competency of and enabling environment for midwives deployed recently in the health system. This analysis assesses the impact of mentorship on natural pain relief practices among midwives.

DISCUSSION

In July 2017, Bangladesh Government has introduced midwife-led care model at 27 sub-district hospitals. Save the Children implemented in-service clinical mentor ship program as a strategy to strengthen clinical competencies of newly graduated midwives so that they can practice respectful evidence based maternity care including management of labor pain. Project conducted initial assessment during July-September 2017.Total 94 Normal Vaginal Deliveries (NVDs) conducted by Midwives were observed using standardized checklists capturing natural pain relief practices. Mentors provided structured mentor ship to midwives to improve natural birth practices. A second assessment was undertaken during July- September 2018 to observe 184 NVDs in same facilities. Data were analyzed to assess the compliance of midwives with natural pain relief practices.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Clinical mentor ship to midwives can improve adherence to natural pain relief practices thus improving labor and delivery experiences by averting unnecessary invasive interventions like cesarean section.

EVIDENCE IF RELEVANT

Evidence based pain relief practices during childbirth improved significantly after mentoring. Movement and changing positions with birthing balls improved from 24 % to 95 %; companionship increased from 82 % to 96 %; maintaining oral hydration and nutrition from 45 % to 100 %; breathing and relaxation techniques increased from 23 to 84 %; and upright birthing position increased from 17 % to 80 %.

KEY MESSAGE

Structured mentor ship can improve midwifery practices, which generated supportive environment to relief labor pain.

ICMBALI-0539 - Vaginal birth at home, in a birth centre and in a hospital in new south wales: a micro-costing

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BACKGROUND

In New South Wales, Australia, it is not known how much it costs the health service to provide care for women who plan to give birth at home or in a birth centre. Women want greater choice of place of birth however anecdotal evidence suggests that one reason for a lack of options is that it is perceived to be more costly for women to give birth in these settings compared to in a hospital. The cost of having a vaginal birth in each of these settings has not been estimated before.

OBJECTIVES

Our objective was to measure and estimate the cost of giving birth vaginally for women planning to give birth at home, in a birth centre or in a hospital.

METHODS

A micro-costing design was used. We undertook observational (time and motion) and resource use data collection using a specifically developed data collection form to identify the staff time and resources required to provide care in a public hospital, birth centre or at home for healthy women at low risk of complications. These women gave birth vaginally in their planned place of birth.

RESULTS

There was little difference in the median cost of providing care for women who plan to give birth at home, in a birth centre or in a hospital (AUD $2150.07, $2094.86 and $2097.30 respectively). The greatest contributor to cost for a homebirth was midwifery time, overhead costs accounted for over half the total cost of BC and hospital birth. The median cost of consumables was low in all three settings (Home: AUD$10.46; BC: AUD$51.43; Hospital: AUD$48.96).

CONCLUSIONS

These findings contribute to important evidence of the affordability of offering women greater choice of birth setting with the view to expanding birth options for women with a healthy pregnancy.

KEY MESSAGE

Homebirth is an affordable option for women with a healthy pregnancy.

Room 4

SYMPOSIUM: GROUP ANTENATAL CARE ACROSS THE GLOBE: IMPROVING QUALITY FOR DIVERSE, VULNERABLE POPULATIONS

ICMBALI-1615 - Group antenatal care across the globe: improving quality for diverse, vulnerable populations

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PURPOSE OF THE SYMPOSIUM

The purpose of this symposium is to present Group Antenatal Care (GAC) projects in a variety of settings. Whether in high or low resource settings, GAC is women-focused, improves quality and changes the way antenatal care is experienced by women and midwives. During this symposium, the process and benefits of implementation of GAC in diverse settings and populations will be discussed. The role of the midwife, factors contributing to success and findings on health benefits and outcomes will be highlighted.

1ST PRESENTATION

Implementing Group Antenatal Care to improve outcomes in the first 1,000 days

Aim: To develop a multidisciplinary group care model for the first 1000 days in which the antenatal group is the entity around which the continuum of care will be organized. Methods: We conducted a stepped wedged cluster randomised trial of antenatal group care (n = 4002) and a quasi-experimental design of parenting group care (n = 331).

Results: Preliminary data show that antenatal group care improves health outcomes for mothers and babies, reduces smoking, increases care satisfaction,and reaches underserved women. Postnatal group care results in more positive ratings of healthcare professionals and experiencing postnatal care more often to be useful.

2ND PRESENTATION

Group Antenatal Care: A prospective type I hybrid effectiveness-implementation study in rural Nepal

Aim: This study examines the effectiveness of Possible's Group ANC (GAC) model.

Methods: Prospective RCT. Effectiveness was evaluated through analysis of institutional birth, ANC completion rates and change in knowledge of key danger signs. Qualitative interviews were analyzed to identify major themes and acceptability.

Results: The study enrolled 661 women in GAC across 2 groups. There was no significant change in primary outcomes. More in the GAC found their care "very enjoyable"(84 vs 60 %, $p < 0.01$), and had improved knowledge of pregnancy danger signs (31 vs 10 %, $p = 0.01$). Qualitative data showed GAC provided learning, discussion, support, and improved services.

Conclusion: While there was no significant difference in the change in primary outcomes, GAC was acceptable, found to be more enjoyable, and improved knowledge.

3RD PRESENTATION

Implementing Group Antenatal Care (GAC) in Malawi: Lessons learned to scale up and improve pregnancy outcomes

Sub-Saharan Africa has the world's highest rates of maternal and perinatal mortality and accounts for 2/3 of new HIV infections and 1/4 of preterm births. GAC is a transformative model of care that provides a positive pregnancy experience, and improves perinatal and HIV-related outcomes. Our randomized pilot in Malawi and Tanzania (N=218) had promising outcomes.

Outcomes: Statistically significant results for women in GAC included an increase in women who completed ≥4 antenatal visits (94 % vs 58 %), and an increase in partner acceptance of HIV screening (51 % vs. 27 %). We established that group antenatal care can be offered in a rigorous RCT with high fidelity.

Next Steps: An RCT effectiveness trial is underway to examine outcomes and implementation at 6 clinics in Malawi.

4TH PRESENTATION

LEAP: Implementation of Group Pregnancy Care to improve the development of healthy pregnancies and healthy development of babies in a vulnerable population

LEAP is using group antenatal care to change the way services are delivered focusing on improving breast-feeding rates, reducing obesity, reducing domestic violence and improving development of babies and young children.

Setting: Lambeth is the 9th most deprived in London. The community is mostly black and ethnic minorities, young, with multiple languages.

Evaluation: The project will focus on perinatal and psychosocial outcomes for women including reducing preterm and low birth weight babies, breastfeeding initiation and duration and uptake of family planning services. Psychosocial outcomes include increasing knowledge, confidence in healthcare decision making and social support in this community.

COMMON FOCUS

The research and program experiences of group antenatal care in both high and low resource settings will be discussed.

COHESION BETWEEN SECTIONS

Each section describes the unique experiences in diverse geographical settings with unique populations. Despite these differences, the Group Antenatal Care (GAC) highlights the similarities that all pregnant women experience. GAC can help midwives to provide quality ANC in settings with multiple challenges.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Through the exploration of these 4 GAC projects, midwives can learn about the impact GAC could have in their own settings. It will provide the opportunities to network with providers of GAC around the globe, allowing them to envision a different way to provide antenatal care that not only benefits the women they serve but the midwives as well.

Room 5

SYMPOSIUM: THE IMPORTANCE OF CONTINUITY OF CARE EXPERIENCES IN MIDWIFERY EDUCATION

ICMBALI-1444 - The importance of continuity of care experiences in midwifery education

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BACKGROUND

Midwifery education needs to meet the key role midwives play in the provision of optimal maternity care (1) within continuity of midwifery carer models (2). Enabling students to develop continuity skills has the capacity to influence the redesign of maternity services internationally. Discussions of the provision of midwifery education programs internationally include the need to prepare midwives to be able to provide continuity of midwifery carer upon graduation as part of the move to orientate the workforce to provide evidence-based models of maternity care.

PURPOSE

The continuity of care experiences (CCE) as an educational strategy has been implemented in a number of countries (3) and debate continues around how this requirement should best be implemented, supported and evaluated. This symposium will explain the purpose, process and outcomes of immersing midwifery students in CCE as part of their clinical learning experiences.

1ST PRESENTATION

A/Prof Linda Sweet: What constitutes a continuity of care experience in midwifery education and what is its pedagogical intent?

CCE is a clinical practice-based learning component of midwifery education, whereby students follow women through their childbearing experience commencing during pregnancy through the postnatal period. This clinical model of learning is not unique to midwifery education in Australia. International comparisons of inclusion of CCE in midwifery education can be made in countries such as New Zealand, the United Kingdom, Indonesia and the Netherlands (3). The CCE is a positive strategy for students to learn about continuity of care regardless of whether there is midwifery continuity of care models available. A discussion of CCEs pedagogical intent, and discussion of the evidence of pedagogical outcomes and challenges will be presented.

2ND PRESENTATION

Prof Jenny Gamble: Why continuity of care experiences is vital to midwifery education

Education has the potential to drive the social and cultural shift needed for scaling up continuity of midwifery carer models. The time is ripe to reconceptualize the place of the CCE within midwifery education programs leading to registration. Students in CCE learning models have greater understanding of midwifery care philosophy and practice than those in the fragmented care model; found the model more satisfying; and felt more confident as midwives (4). A discussion of the transformational opportunities of CCE for students, women and maternity services will be presented.

3RD PRESENTATION

Prof Deborah Davis: How to embed continuity of care education into midwifery curricula

The ways in which CCE have been adopted and embedded into curricula has varied significantly (5). This discussion will draw on the stakeholder perspectives on the value of COCE, and described ways to best embed CCE into curricula to improve outcomes for women, students and maternity services. With such strategies the CCE is a value-led core component, rather than an add-on to traditional models.

4TH PRESENTATION

Associate Prof Mary Sidebotham: The importance of and ways to evaluate continuity of care experiences in midwifery curricula

The primary pedagogical role of the CCE is to provide opportunities for students to integrate the midwifery philosophy of woman-centred care into their practice and to develop their professional identity as a midwife. The alignment of learning outcomes and the assessment of student learning both within and across subjects of a program is a foundation concept underpinning curriculum coherence. This final presentation will examine was to evaluate the CCE and consider implications for midwifery practice, women and families, education, research and policy.

COMMON FOCUS

This symposium purposefully leads the audience through the what, why, who, when and how of implementing CCE into midwifery curricula.

COHESION BETWEEN SECTIONS

This symposium purposefully takes a scaffolded approach to develop ideas and share experiences of implementing CCE in Australia.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

This symposium presents the theoretical, research, and practical foundations to support the inclusion of CCE in midwifery education globally. The content will inform midwifery education models and educational policy and regulation.

ICMBALI-1659 - A framework for health economic evaluations of perinatal care in an international context

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BACKGROUND

Health economics research is a relatively new domain for (perinatal) healthcare professionals while interest in the economic impact of interventions supporting decision-making is rising.

OBJECTIVES

To evaluate the feasibility of using a framework for health economic evaluations of perinatal care in an international context and to assist perinatal healthcare professionals, researchers and policy makers through the main methodological concepts in understanding and performing health economic evaluations in perinatal care, and finally to improve the comparability of results across studies.

METHODS

A published framework for health economic evaluations was adapted to the perinatal context. Then, a systematic review of health economic evaluation studies in perinatal care within the European Union was conducted. The methodological quality (CHEERS checklist) of all identified studies was evaluated, together with the feasibility of using this framework. Ethical approval was not necessary.

RESULTS

The framework provides an overview of all crucial elements to be included in health economic evaluations in perinatal care, and the specific points of attention for the perinatal context e.g. time horizon, health effects and costs. The systematic review resulted in six high quality articles. There was large heterogeneity in the selected studies and between countries. The methodology used (e.g. time horizon) varied among studies. The health effects, resources used and costs differed remarkably among studies. For example, costs for childbirth varied from one general cost for all types of birth to a detailed analysis of each resource used.

CONCLUSIONS

The number of health economic evaluations, of good quality, in perinatal care in the European Union is very limited. The development of this more comprehensive framework is a crucial step towards the application of a structured methodology in order to understand and perform health economic evaluations in perinatal care.

KEY MESSAGE

This framework provides insights in health economic evaluations in perinatal care for all stakeholders involved in perinatal care.

ICMBALI-0291 - Midwives' knowledge, attitudes and practices on health education for postnatal mothers at Mulago National Referral Hospital, Uganda

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BACKGROUND

Approximately two third of maternal deaths occur in developing countries during postnatal period. 38 % of babies in sub-Saharan Africa die of infections, mainly after the first week of life. More than half of these deaths occur in sub-Saharan Africa. Health education including family planning during the postnatal period is taught to postnatal mothers, its uptake can reduce 30 % of maternal mortality and 10 % of child mortality.

OBJECTIVES

The practicum aimed at promoting quality of postnatal care through health education in Mulago National Referral Hospital.

METHODS

Cross sectional study evaluation of midwives' knowledge, attitude and practice towards health education among postnatal mothers using a faculty-approved self-administered questionnaire.Thirty-five midwives working at postnatal ward of Mulago hospital answered the questionnaire. One was deemed to have adequate knowledge if they mentioned what should be taught to postnatal mothers and when. An example of positive attitude towards postnatal health education was being comfortable with giving health education.

RESULTS

74.3 % of midwives had adequate knowledge on postnatal health education. Insufficient knowledge was a result of limited ongoing training on postnatal health education. 97.1 % of the midwives had a positive attitude towards delivery of health education talks. The practices included provision of health education as a discharge package. Sub optimal delivery of health education talks was mostly attributed to heavy workload by 60 % of the midwives.

CONCLUSIONS

Midwives had adequate knowledge on postnatal education but its delivery needed improving. This can be achieved through continued professional education (CPEs) and use of didactic methods that may not require presence of a midwife like videos on postnatal health education.

KEY MESSAGE

Improve awareness of the importance of postnatal health education on the health of a mother and the newborn baby. This can be, achieved through continued medical education (CMEs) and workshops on postnatal health education.

ICMBALI-0742 - The journey of professional midwives in Bangladesh

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PURPOSE

The paper provides an overview of the journey to introduce professional midwives in Bangladesh. It offers the experiences and lessons learned for the effective implementation of a midwifery workforce and utilization as a solution to reduce maternal and newborn deaths.

DISCUSSION

There is a significant amount of evidence supporting the positive impact of professional midwives on maternal and newborn health. In Bangladesh, a cadre of professional midwives, who work autonomously for healthy women and newborns, and consult and refer when appropriate, was needed to address a stagnant maternal mortality rate and improve quality and respectful care.

Bangladesh's midwifery profession was developed in response to the Honorable Prime Minister's commitment to introduce professional midwifery at the United Nations General Assembly in 2010. Initially a 6-month midwifery bridge program for nurses created as an interim solution, while the national framework was established. In 2013, a 3 year ICM standard, midwifery education began.This was the culmination of partnership among different stakeholders, to implement the ICM framework of education, regulation and association.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Through strong government commitment, public and private midwifery institutions have increased from 27 institutions with 750 seats a year, to 55 institutions with 1625 seats a year. Nationwide 1148 midwives are deployed. The regulatory body was renamed from Bangladesh Nursing Council, to Bangladesh Nursing and Midwifery Council. The national government administrative body upgraded from Director of Nursing Services to Directorate General of Nursing and Midwifery. The active Bangladesh Midwifery Society was established in 2010.

EVIDENCE IF RELEVANT

Ministry of Health and Family Welfare, Directorate General of Nursing and Midwifery, Bangladesh Nursing and Midwifery Council, International Confederation of Midwives.

KEY MESSAGE

Midwives are now providing sexual and reproductive health nationally, in remote, under-served areas, and in humanitarian response. By utilizing the ICM framework of education, regulation and association, leveraging political support and networking for collaboration,professional midwifery education was successfully introduced throughout Bangladesh.

Room 6

CONCURRENT SESSION: PROMOTING MIDWIFERY

ORAL PRESENTATION

ICMBALI-1009 - Innovation and reciprocity in midwifery twinning: strengthening professional midwife associations through cross cultural partnership

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6 *Bangladesh Midwifery Society, Executive Committee, Treasurer, Dhaka, Bangladesh*

PURPOSE

Twinning can increase midwives' power (Cadée, 2018). The ICM (2014) promotes twinning for strengthening associations, a key pillar of midwifery (ICM, 2017). The Royal College of Midwives and The Bangladesh Midwifery Society formally twinned in 2017; this project was reviewed in 2018. This presentation will outline how innovation has been harnessed to facilitate reciprocal change in both organisations. It will also benchmark the project against Cadée's (2018) Critical Success Factors for twinning.

In Bangladesh, innovations include a new online membership database, e-voting and e-learning. Twinning has harnessed technology to improve communication and reduce carbon footprint. BMS has become almost virtual, pioneering social media to grow and effect change through creation of an online community. Innovative facilitation enhanced organisational development through use of trash-art, games and forum theatre alongside other capacity-building activities. Formation of thematic teams has supported national and local activities.

Reciprocally, the RCM is transforming its UK branches, through e-voting, social media and live-streamed engagement as well as digitised resource management, a national working-group and dedicated staff to enhance effective organisation of branches and promote engagement of members. More recently, global twinning has prompted twinning between UK branches.

DISCUSSION

UK health services have been slow to adopt innovations (Nuffield Trust, 2017). However, twinning can encourage reciprocal innovation and change in both partners where critical success factors for twinning are present such as cultural humility and equity alongside good communication and project management and adaptive leadership (Cadée, 2018; Nuffield Trust, 2017).

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

This presentation will inform midwifery associations and organisations who wish to develop their capacity or engage in twinning or cross cultural exchange.

EVIDENCE IF RELEVANT

Full references available.

Cadée, F. et al. (2018) 'From equity to power: Critical Success Factors for Twinning between midwives'.

ICM (2014) Twinning manual.

ICM (2017) Education, regulation, association.

Nuffield Trust (2017) Falling short report.

KEY MESSAGE

Innovation in cross-cultural twinning projects can transform midwifery associations.

ICMBALI-0681 - Delivering competent parents: an international collaboration promotes parents' knowledge, confidence and breastfeeding around the world

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3 *Yokohama City University, School of Medicine, Yokohama, Japan*

PURPOSE

Midwives and other birth professionals from six countries translated, distributed, and evaluated an evidence-based educational program that enhances providers' education and promotes parents' knowledge, confidence, and breastfeeding outcomes.

DISCUSSION

Research confirms that misunderstanding normal child behavior increases parents' stress and decreases their confidence and breastfeeding success. HUG Your Baby's multi-cultural, family-friendly, and WHO-compliant resources were well received internationally during a 2013–14 teaching tour. Subsequently, midwives, nurses, LCs and parent educators from six countries collaborated to translate and disseminate The HUG's's two-hour online course for professionals, and its accompanying newborn and breastfeeding handouts and 20-minute parent video. These resources, currently used in 20 countries, have received positive research outcomes by Japanese, Dutch, Italian, Farsi, English, and Spanish-speaking professionals and parents.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Midwives are uniquely positioned, and eager, to offer evidence-based resources that enhance professional practice and provide anticipatory guidance to expectant and new parents.

EVIDENCE IF RELEVANT

Peer-reviewed studies confirm that birth and lactation professionals, and nursing students, who were exposed to HUG resources demonstrated increased knowledge of normal child behavior and its impact on breastfeeding. Italian and Dutch birth professionals found the online course increased their capacity to teach parents and is easy to follow. Parent studies revealed a positive impact with Farsi fathers in the NICU, English and Spanish-speaking mothers in a Special Care nursery, English-speaking couples receiving childbirth education, and Japanese mothers (prenatally to 3 months). Results indicate increased knowledge about infants, lower maternal stress, greater confidence to breastfeed, and reduced risks for postpartum anxiety, depression, and child abuse.

KEY MESSAGE

An international collaboration created evidence-based educational resources that can enhance maternal confidence, promote breastfeeding duration, and reduce risks for postpartum anxiety, depression, and child abuse.

ICMBALI-1132 - In need of a midwife, when the pregnancy is technological? – a study of intended parents in transnational surrogacy and their need of a midwife

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BACKGROUND

Commericial surrogacy is forbidden in Denmark. Danish couples is using transnational surrogacy in their need for becoming parents. The use of surrogacy has increased steeply in Denmark, and the law has not been followed by revision. Using transnational surrogacy in countries with well-regulated and legally agencies, hospitals and contracts, leaves the intended parents in Denmark, with no possibility to seek information and advise because of danish law.

OBJECTIVES

16 qualitative, semi-structured interviews with danish couples, during their 10 month of transnational surrogacy, having babies in Ukraine and USA, from conception until birth.

METHODS

The study was an explorative interview study, combined with an anthropological field study, using a phenomenological approach.

RESULTS

This study shows, the need for support and advise for intended parents. It also shows, that a trained midwife is the best professional to support these couple, with experience and skills needed for translating the information, coming from the agency, hospital or surrogate mother. While the surrogate mother and the intended parents live in separate countries and many miles from each other, a lot of the information provided between them, takes place at social media, by email, and Skype. It leaves the intended parents with a huge need to have someone to talk to, to interpret the information provided for example ultrasound results and it the surrogate mother gains complications during her pregnancy.

CONCLUSIONS

Using transnational surrogacy is raising in Scandinavia and Denmark now have more surrogate transnational babies than transnational adopted babies. Despite that, the law is behind, and the need for support of the intended parents increases.

This study shows need of support during the pregnancy period, and need for a counsellor to advise and translate all the information about the ongoing pregnancy.

KEY MESSAGE

A trained midwife to support intended parents during their family formation.

ICMBALI-1389 - Early parenting services and parenting self-efficacy: the experience of first-time mothers and of hospital clinicians

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PURPOSE

This study aims to explore parenting self-efficacy in support services, from the experiences of first-time mothers and hospital maternity care providers.

DISCUSSION

Early parenting support services for first-time mothers can facilitate parenting self-efficacy and ameliorate the risk of mental illness. International guidelines include the provision of respectful, women-centered care to facilitate parenting self-efficacy and support women on their motherhood journey.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

This evidence may assist in the development of respectful, women-centered parenting support services for mothers.

EVIDENCE IF RELEVANT

Experience of social support services was gathered from eight first-time mothers and 23 hospital clinicians at two private hospitals, during 2017. Data from interviews and focus groups were analyzed thematically using an a-priory template of parenting self-efficacy determinants. The main parenting self-efficacy themes were; unrealistic goal setting through the expectation of infant feeding, alternative forms of parenting reassurance, such as online and peer support, and facilitation of help-seeking for new mothers.

KEY MESSAGE

Early parenting services may not facilitate parenting self-efficacy. Development of respectful, women-centered support services may ameliorate the risk of mental illness first-time mothers.

ICMBALI-0177 - A multivariable model to predict suboptimal postnatal mother-to-infant bonding in early pregnancy

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4 *NIVEL- Netherlands Institute for Health Services Research, Utrecht, Netherlands*

BACKGROUND

Mother-to-infant bonding is defined as the emotional tie experienced by a mother towards her child, which plays a crucial role in socio-emotional child development. Previous studies identified demographic, reproduction-related and psychosocial correlates of suboptimal mother-to-infant bonding. However, their joint predictive value is still unknown.

OBJECTIVES

To develop a multivariable model to predict early in pregnancy suboptimal postnatal mother-to-infant bonding and to transform it into an easy to use prediction tool.

METHODS

We used data from a prospective population-based cohort, the Pregnancy, Anxiety and Depression Study (109 primary and nine secondary obstetric care centers in the Netherlands). Ethical Approval was obtained from the medical ethical review board of the University Medical Center Groningen. The study population consisted of 634 mothers reporting on the Mother-to-Infant Bonding questionnaire having a single child aged ≤24 months. Multivariable logistic regression with backward elimination was used to develop a prediction model and we calculated the performance measures of the final model, i.e. explained variance and the Area Under the Curve. Intern validation was accomplished by using bootstrapping techniques. Finally, we designed a prediction tool.

RESULTS

The proportion of suboptimal mother-to-infant bonding was 11 %. The final formula for calculating the predicted probability of suboptimal mother-to-infant is: $P(MIBS \geq 4) = 1/(1+\exp(-(-4.391 + (\text{parity} \times 0.519) + (\text{Adult attachment avoidance} \times 0.040))))$. The explained variance was 14 % and the Area Under the Curve was 0.750 with a 95 % CI of 0.690–0.809. The prediction tool is a table in which professionals can classify women at low, intermediate or high-risk for suboptimal mother-to-infant bonding.

CONCLUSIONS

Parity and adult attachment avoidance were the strongest independent predictors. The model showed satisfactory performance. Some caution is required when using the tool because extern validation is still necessary. Future research should conduct an external validation study.

KEY MESSAGE

Higher parity and higher levels of adult attachment avoidance are associated with an increased risk of suboptimal mother-to-infant bonding.

ICMBALI-0352 - Development and validation of a cervical cancer screening training program for midwives: step 1- skills evaluation

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BACKGROUND

In April 2016, the Japanese government passed a law allowing nurses, including midwives, to take pap smears for the first time under the supervision of Obgyns. To realize this, a training program needed to be developed and validated.

OBJECTIVES

To evaluate the skills and performance of midwives trained by our newly developed program.

METHODS

Midwives working in a university hospital were recruited to participate in the program. The content of the program included: educational lectures, skill labs and practicum. After the practicum and confirmation by Obgyns that the midwives had achieved sufficient skills, the midwives took pap smears from consenting women at the screening site. This study was approved by the IRB of the authors' institutions.

RESULTS

Three out of 10 midwives at the hospital agreed to participate in the program in September, 2018. After the lecture, skill labs and practicum, three of them passed the skills-check by Obgyns and went on to the cervical screening. Among 256 women coming for cervical screening in November 2018, 52 consented to the study. All have had sexual intercourse with mean age 46.81±8.52 years and 32.7 % of nulliparaous.The three midwives took 16, 16 and 20 samples, respectively. Of these 52 samples, there were no unsatisfactory samples. In 44 cases (84.6 %) the midwives were given a grade 3 on a Likert scale of 1 to 4 on all the 9 items in the skills evaluation,which was considered competent. In 13 cases (25.0 %), the midwives needed some assistance from Obgyns to locate the cervix. Of these, 10 cases were either post-menopausal women, nulliparous or parous after Cesarean section. But only 2 cases had to be taken over by an Obgyn.

CONCLUSIONS

Midwives could take adequate samples. The program needs to be developed with more training for difficult cases.

KEY MESSAGE

Midwives could take adequate cervical smears when trained.

ICMBALI-1581 - Sexual advice from midwives for heterosexual couples with fertility problems

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BACKGROUND

Subfertility is common and affects sexual health. Subfertile couples seek fertility and sexual advice from their primary care providers, including midwives. Natural conception depends on coital frequency but what drives coital frequency?

OBJECTIVES

To examine whether men's and women's sexual functioning and pleasure are associated with couple's coital frequency.

METHODS

A medical ethics committee approved prospective observational study, including couples first turning to a Belgian fertility clinic. The following coded paper-pencil questionnaires were disseminated: (i) sexual activity event log assessing couple's coital frequency, (ii) Female Sexual Functioning Index (FSFI) or the International Index for Erectile Function (IIEF) assessing sexual functioning and (iii) Quality of Sexual Experience (QSE) assessing both partner's sexual pleasure. Pearson correlation coefficients explored associations within individuals and within couple. Univariate and multivariate linear regressions examined associations with coital frequency.

RESULTS

Seventy couples (75 % response rate) having tried to conceive for on average 40 months, participated. The FSFI, IIEF and QSE proved reliable for the Belgian population (Cronbach alpha statistics $^{3}0.75$). The median coital frequency of couples 7x/month (range: 1–28). The sexual functioning and pleasure of women was strongly correlated ($r = 0.783$; $p < 0.001$), while this was less strong in men ($r = 0.291$; $p = 0.02$). Within couples, sexual pleasure was moderately correlated ($r = 0.46$; $p = 0.009$) while this was less so for sexual functioning ($r = 0.324$; $p = 0.008$). Coital frequency was associated with men's and women's sexual functioning ($p = 0.04$; $p = 0.01$) and with men's sexual pleasure ($p = 0.009$) but not women's ($p = 0.50$). In the multivariate analysis, only men's sexual pleasure remained significant.

CONCLUSIONS

The main driver for coitus is men's sexual pleasure, which is in turn correlated to women's sexual pleasure and both partner's sexual functioning.

KEY MESSAGE

Midwives should advice couples on the importance of sexual pleasure for coital frequency and hence natural conception besides referring couples with a sexual dysfunction for medical or psycho-sexual treatment.

ICMBALI-1346 - Postpartum sexual quality of life in Iranian and Swiss women

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BACKGROUND

Sexual quality of life is an important aspect of women's health and wellbeing but might be impaired after having given birth. Sexual dysfunction is prevalent during the postpartum period. However, little is known about factors affecting postpartum sexual quality of life and about variations in postpartum sexuality in different cultural contexts.

OBJECTIVES

To explore the most important factors related to women's sexual quality of life during the postpartum period among Iranian and Swiss mothers.

METHODS

Qualitative study using individual interviews and focus group discussions with 24 Iranian and 13 Swiss primiparous women at three months after having given birth. We used conventional content analysis and investigated differences between countries.

RESULTS

Codes were summarised in seven themes: 'Self-awareness', 'Married/partnership life before pregnancy', 'Married/partnership life in the context of parenthood', 'Sexual worldview', 'Sexual performance before giving birth', 'Sexual storm after childbirth' and 'An earthquake in the life of a mother after childbirth'. Marital life was more important for Iranian than for Swiss women. Additionally, accepting husband's request despite the lack of readiness was regarded as a positive behaviour of women in Iran but rarely quoted in Switzerland. However, the adaptation of sexual behaviour to the postpartum situation (e.g. sexual position, variety or timing) was a relevant aspect for Swiss mothers. Lack of time, a demanding child, tiredness, mood swings but also pain were mentioned in both countries as factors leading to a decreased sexual activity during the postpartum period.

CONCLUSIONS

Three months after birth, many women did not find back to the same level of sexual activities than before pregnancy. Cultural differences showed variations in sexual behaviour.

KEY MESSAGE

Knowledge about factors affecting postpartum sexual quality of life is important, because women complain a lack of information and counselling about sexuality after childbirth. Postpartum care should consider sexual quality of life as an additional topic.

ICMBALI-0391 - Sexual health and association to violence victimisation among youths in Sweden

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BACKGROUND

Worldwide, the prevalence of abortion, sexually transmitted infections and violence victimisation is high among youths. Some youths are more at risk than others, and research shows the need to identify these individuals in order to be able to maintain or improve their sexual health. In Sweden, midwives conduct both preventive and health-promoting work among youths.

OBJECTIVES

The aim was to investigate relationships between sexual (ill-)health and emotional, physical and/or sexual violence victimisation among youths (15–25 years).

METHODS

A cross-sectional study, based on anonymous self-completed web surveys distributed among youths, visiting a Youth Centre in Sweden, was conducted during November 2015–2016. Data analysis is ongoing, and descriptive and analytical statistics were used.The study was approved by the Regional Ethical Review Board of Linköping (Dnr 2015/ 245–31).

RESULTS

In total, 500 youths completed the web-survey, and 19.1 % (n = 93) reported sexual ill-health; 13.6 % (n = 68) had experienced sexually transmitted infection and 6.2 % (n = 31) self-involvement in unplanned pregnancies. Nearly half of the youths answered exposure to violence during lifetime 43.2 % (n = 216); emotional violence 27.8 % (n = 139), physical violence 16.2 % (n = 81) and sexual violence 23.4 % (n = 117). In the group of youths who stated sexual ill-health, 54.8 % (n = 51) reported exposure to emotional, physical and/or sexual violence during their lifetime.

CONCLUSIONS

The results show the importance of contraceptive counselling, testing for sexually transmitted infections and asking questions about violence victimisation to identify youths at risk. The midwives at Youth Centres are key persons toimprove or maintain youth's sexual health.

KEY MESSAGE

Abortion, Contraception, Vulnerable groups.

ICMBALI-1239 - Implementing an Emergency Obstetric Care (EmOC) training package at the National Referral Hospital (NRH), Solomon Islands

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PURPOSE

To share lessons learnt from the development and implementation of an evidence-based Emergency Obstetric Care (EmOC) training package in the Solomon Islands National Referral Hospital (NRH).

EmOC teaches skills and knowledge needed to support a normal labour and birth, and to manage the most common obstetric emergencies in the Solomon Islands: postpartum haemorrhage, pre-eclampsia/eclampsia, and prolonged labour.

DISCUSSION

Maternal deaths occur most frequently in developing countries, often from preventable causes (REF 1). The Solomon Islands has a higher maternal death mortality rate than many other Pacific Island countries (REF 2).

In 2016 an EmOC training package was developed by the World Health Organization (WHO), the Solomon Islands Ministry of Health and Medical Services and a team of multi-disciplinary clinicians from the NRH. The training package incorporated WHO recommendations that were modified to the Solomon Islands context.

The training was piloted at the NRH, where the majority of births in the Solomon Islands occur. Skills and knowledge were taught through roleplay scenarios and teaching sessions designed to encourage critical thinking in participants. Implementation challenges included designing the training package, identifying and training facilitators, identifying long-term funding, and supporting the implementation of EmOC nationwide.

Pre-and post-tests showed an improvement in participant knowledge and skills, and feedback was positive. The success of the first EmOC training package has led to the development of a second EmOC package to address other obstetric emergencies.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

EmOC has led to improvements in clinical practice and changed attitudes regarding ongoing professional education at the NRH. Participants gain confidence in their practice as EmOC fills vital knowledge gaps.

EVIDENCE IF RELEVANT

1. https://www.who.int/en/news-room/fact-sheets/detail/maternal-mortality
2. https://data.worldbank.org/indicator/SH.STA.MMRT?locations=FJ-S2-VU-SB

KEY MESSAGE

The EmOC training package is an innovative and locally produced solution to an identified problem that addresses knowledge and skill gaps in clinicians providing maternity care in low-resource settings.

ICMBALI-0220 - Midwifery in Saudi Arabia

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PURPOSE

The aim of this presentation is to share updates on midwifery in Saudi Arabia. It will provide an overview of the midwifery profession in Saudi Arabia including its history, education, workforce and professional practice. The background information that is important to understanding the context of Saudi Arabia will be provided.

DISCUSSION

Before 1952 most women in Saudi Arabia gave birth to their babies at home, attended by traditional midwives (called "dayas" in Arabic).

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Midwifery education started in 1988 under the Ministry of Health. However, there are many challenges facing midwifery profession and education in Saudi Arabia. There are almost 2000 Saudi midwives in Saudi Arabia. After the diploma in midwifery was stopped in 2012, there were many efforts to encourage the opening of a Bachelor degree in midwifery. The Saudi Health Council and the Shoura Council suggested the initiation of a Bachelor degree in Midwifery. There is a master degree in Midwifery and postgraduate diploma.

EVIDENCE IF RELEVANT

Recently, many advancements are happening in the country in term of midwifery practice, regulation, and education. As a result of the initiation of Saudi Midwifery Group in August 2015, many activities have been done to support midwives in Saudi Arabia. In the MOH, regulation for midwifery practice has been revisited to empower midwives in practice and a guidebook for midwives was written. Midwife clinic was started. Many courses were provided for midwives to improve their skills and knowledge. A separate Midwifery department was initiated in February 2019 as the first time in the MOH.

KEY MESSAGE

Midwifery is a separate profession that needs to be led by midwives.

ICMBALI-1043 - An adaptation model of continuity of care (CoC) in Indonesia: lessons from other countries

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PURPOSE

CoC model has many benefits for mothers and their babies. At present, Indonesian midwives have not implemented CoC model, however, the model has been included in the national curriculum of the graduate diploma midwifery program in 2013.

To explore the experiences of CoC model from perspectives of women, midwives, and student midwives, and the evidence of the model that may be applied for midwifery services in Indonesia.

DISCUSSION

An integrative review was undertaken based on Whittemore and Knafl's (2005) framework and a search of electronic databases including Scopus, CINAHL, MEDLINE, Cochrane Library, and Sciencedirect (January 2014 – April 2019) was conducted. Eighteen articles met the inclusion criteria. Analysis revealed 4 themes : experiences from different perspectives, evidence of CoC model, advantages and challenges of CoC model, and the feasibility of CoC model: considering the model for implementation in Indonesia.

This integrative review has identified positive and negative CoC experiences from diverse perspectives and had no adverse maternal and neonatal outcomes (Mortensen et al. 2019; Sandal et al. 2016). The adaptation of the model in Indonesia is supported by high rates of low risk pregnancy, high demands for midwifery services, village midwives program, the raising awareness of the model from educational institutions, and the autonomy of midwives to practice independently. However, the implementation of the model in Indonesia will meet barriers in unequal distribution of midwives, midwives' burnout and heavy workload.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Since the model has many advantages for mothers and their babies, this program may be applied nationally to the Indonesian midwifery care system. Midwives could provide care continuously. The government and midwifery board of Indonesia should support by creating a written policy of the model.

KEY MESSAGE

This integrative review suggests to conduct further research to identify benefits and limitations of implementing CoC model into Indonesia consideration.

ICMBALI-1364 - Factors hindering women to attend focused antenatal care at Mulago antenatal clinic: case study at a tertiary ANC clinic

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BACKGROUND

Antenatal care (ANC) refers to the regular medical and midwifery care recommended for women during pregnancy. It is a strategy to improve maternal and infant health, however many women in low resource countries only initiate ANC after the first trimester and do not achieve the recommended ANC visits. The World Health Organization (WHO), recommends at least eight contacts for women with uncomplicated pregnancy during which time women receive tetanus toxoid vaccine, intermittent preventive therapy for malaria, deworming tablets, iron and folic acid to prevent diseases. This in addition to the focused antenatal care is not achieved.

OBJECTIVES

The purpose of this study was to identify reasons why women do not attend subsequent visits of ANC. For the purposes of this study, full antenatal care was defined as pregnant women having attended for a minimum of four antenatal appointments.

METHODS

The study site was a tertiary Hospital in Kampala. A quantitative study design was. 50 postnatal mothers who had booked with the hospital, and then came back to deliver or for care within 24 hours of delivery, and 20 midwives working at ANC clinic participated.

RESULTS

The main barriers to accessing antenatal care were: Distance from the health unit, they lacked the money for transport fares to the clinic, longer waiting hours, attitude of the health worker, midwives were too rude to them, they could come early for the care, but the midwives could send them back minus being attended too.

CONCLUSIONS

To prevent maternal and newborn deaths, there is need to improve on quality care provision to all women in their child bearing ages, by strengthening the healthy system of the country through good policies to favour both the service providers and users.

KEY MESSAGE

Women in Uganda are not getting the quality antenatal care as recommended so there is need to strategize for improvement.

Posters

Poster session – Education – Research

ICMBALI-1667 - Does an integrative computational model facilitate healthy behaviours to normalise pregnancy in a high risk population?

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BACKGROUND

Type 1 diabetes (T1D) is an auto-immune condition caused by the destruction of pancreatic β-cells. T1D pregnancies are high-risk for mothers and babies. Improved management has seen increasing numbers of women with T1D of childbearing age. Pre-eclampsia, poor mental health, foetal malformation and mortality rates within this population remain 2–5 times greater than for the non-diabetic population. The development and use of wearable technologies have improved pregnancy outcomes, specifically glucose control. Pregnancy guidelines recommend physical activity (PA) as a lifestyle intervention to reduce the risks of high blood-pressure and weight gain, while promoting mental well-being. Few studies have investigated the use of wearable technologies and PA to reduce blood pressure, maternal weight gain and mental well-being in this population.

OBJECTIVES

To review wearable technologies for use by pregnant women with T1D to facilitate healthy lifestyle behaviours whilst supporting blood glucose management.

Systems will be developed to reduce complications and facilitate woman-centred care within this vulnerable group.

METHODS

The design is quasi-experimental and will involve a co-design process with pregnant women with T1D. Data from wearable technologies will be collected and analysed using computational algorithms to identify individual patterns and trends in glucose control during and after physical activity to support blood glucose management during physical activity in pregnancy. Ethical approval is in progress and is being sought from the Office for Research Ethics Committee Northern Ireland.

RESULTS

No results are currently available.

CONCLUSIONS

As more women with T1D experience pregnancy, wearable technologies have the potential to facilitate improved outcomes whilst promoting normality.

KEY MESSAGE

E-systems need to be developed to reduce co-morbidities and normalise pregnancy for this vulnerable population.

ICMBALI-0646 - Effects of technology-enhanced learning on midwifery students' learning performance in midwifery education

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BACKGROUND

In traditional teaching, it is often difficult for learners to distinguish the meaning of different childbirth signs. While the effects of technology may be connected in most people's minds with a smartphone designed for simulation entertainment.

OBJECTIVES

The midwifery education training course aims to help students establish the basic ability to care for pregnant women. In this paper, an exploratory study using constructivism theory embedded in mobile learning for midwifery education training is presented; moreover, the learning performances of midwifery students who participated in online learning and those who learned with the traditional approach were compared.

METHODS

The questionnaire for eliciting the students' opinions. The data were collected from a total of 30 participants and divided them into an experimental group, control group, they are all involved pre-test and post-test.

RESULTS

The study shows that learning achievement, attitude, motivation, and critical thinking tendency was classified into high associated strength. This indicates that the proposed mobile learning approach could significantly enhance the students' learning achievement, attitude, motivation, and critical thinking tendency.

CONCLUSIONS

The experimental results show that, compared with the traditional instruction, the learning achievement, attitude, motivation, and critical thinking tendency of the students who learned with a smartphone was better, showing the potential of this powerful medium for enhancing midwifery students' learning performance in the context of midwifery education.

KEY MESSAGE

Simulation, mastery learning, midwifery education, contextual learning.

ICMBALI-0430 - Future education in German midwifery (FEM) – transition from vocational education to academic study

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BACKGROUND

Following the 2013 EU guidelines future midwifery education in Germany requires a transfer from vocational formation to academic education for 2020. Consequently, new study programs, curricular concepts have to be developed as well as University capacity for study places has to be built up in the next couple of years. But what happens with the estimated 20,000 German midwives without academic education (formerly solely vocationally trained)?

OBJECTIVES

The specific aim of the FEM program is enable midwives (non-traditional students) earn a Bachelor's degree. Baden-Wuerttemberg State University (DHBW) developed a study program in midwifery science for vocationally trained midwives. The common goal is to improve the quality of maternity care through evidence-based midwifery practice and to strengthen midwifery science as a young discipline.

METHODS

The curricular offer intends to complement and broaden existing practical knowledge and addresses self-employed and employed professionals working in all kinds of settings. Additional six months' certificate programs allow for a smooth start to studying at DHBW.

RESULTS

The new developed bachelor program in Applied Midwifery Science started in 2017. Shortly after the application portal was opened the capacity of student numbers to be admitted was achieved with 32 enrolled midwives. The average age of these non-traditional students is 37.7 years, while a majority of 80 % has a highschool degree and overall 12 years of practical experience. The leading motivations for studying are an interest in midwifery-specific topics and issues (43.4 %), a general interest in science (13.3 %) and the desire for personal growth (10 %).

CONCLUSIONS

At DHBW, specifically designed degree and certificate programs for midwives contribute significantly to the future of midwifery education in Germany. FEM is a pioneering university program, which successfully integrates professional midwives in an academic learning environment.

KEY MESSAGE

Successful academization of midwives in Germany.

ICMBALI-1576 - Using creative association teaching method for nursing students to study pediatric nursing

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BACKGROUND

Facing an era of constant change, teaching methods directly affect learning effectiveness.

OBJECTIVES

To understand the effectiveness of the Creative Association Method on the learning of pediatric vaccination.

METHODS

This study was of mixed design. Research subjects were third-year students at a nursing school in Taiwan, a total of 41 students. Students were guided to use the Creative Association Method to understand complex child vaccination schedules and home care details, in particular the 14-item injection schedule and 28-item nursing care list in the current Child Health Handbook. A self-contained structured questionnaire was developed to measure the effectiveness of the Creative Association Method in enabling students to effectively and efficiently learn the content. A learning satisfaction survey, using the Likert Scale, covered the practicality, the process, and the learning effect of the Creative Association Teaching Method. Data collection was successful, and 35 cases were received (recovery rate 85 %). Qualitative data was collected through one-on-one interviews with a total of 5 students, which was then analyzed and integrated.

RESULTS

Quantitative data analysis: (1) accuracy rate for vaccination schedule information was 96 %, and (2) accuracy rate for home care information was 95; the qualitative data analysis summed up four main topics: (1) the association process inspired learning interest, (2) promoted active learning and associations, (3) organization of learning priorities, and (4) deepened memory of learned content.

CONCLUSIONS

The use of Creative Association Method can significantly improve student learning quality of pediatric vaccination schedules and home care details. It can be used as a reference in the design of nursing education courses, and can be used as a source for improving teaching methods, stimulate multifaceted thinking, and enhance the effectiveness and performance of student learning.

KEY MESSAGE

Creative Association Method, pediatric nursing, pediatric care.

ICMBALI-0197 - The Provision of LGBT+ focused teaching within midwifery education; findings from a nationwide survey

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BACKGROUND

It is estimated that 5–7 % of the UK population identify as lesbian, gay or bisexual and 1 % as trans. Health and social care professionals, including midwives, need training to reflect the needs of the population. As part of a research stream to improve care for lesbian, gay, bisexual and/or trans (LGBT+) people a nationwide survey of midwifery schools was conducted to assess the LGBT+ focused teaching provided in midwifery undergraduate education.

OBJECTIVES

This study set out to analyse the inclusion of LGBT+ needs focused teaching in UK undergraduate midwifery school curricula.

METHODS

Online questionnaire with multiple choice and free text responses analysed through a range of numerical based statistical techniques.

RESULTS

Of 44 undergraduate midwifery programmes contacted, 11 completed the survey (25 % response rate). Of the respondent schools, 91 % of the courses contains some amount of LGBT+ focused teaching within their current curriculum. While 100 % of the schools surveyed felt that teaching on care that addresses needs related to gender identity and sexual orientation was very important, only 82 % offered either mandatory (55 %) or elective only (27 %) content on the care of LGBT+ individuals, with 73 % saying they felt the need for LGBT+ focused content within their course to be increase. Of the institutions, 36 % didn't have faculty trained to teach sessions based around supporting the needs of LGBT+ people.

CONCLUSIONS

This research shows that across UK midwifery schools, quantity of LGBT+ focused content varies, with some schools lacking this content completely. However, it also shows that all UK midwifery schools recognise the importance of this teaching to faculty, students and patients.

KEY MESSAGE

LGBT+ focused teaching is becoming ever more important as we strive for mutualistic, patient centred care, however this teaching remains optional, limited or absent within many UK midwifery courses.

ICMBALI-0780 - Difficulties encountered by nursing professionals in supporting the mothers of infants in Japan and how such difficulties are handled

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BACKGROUND

In Japan, an increase in postpartum depression and child abuse are serious issues. Nursing professionals are required to provide flexible support.

OBJECTIVES

This study is aimed to elucidate the difficulties felt by nursing professionals and how they are handled.

METHODS

One hundred and sixty-six hospitals and 150 public health centers across Japan that handle deliveries were randomly extracted. An online questionnaire survey was conducted to 42 facilities agreed to participate of these.

RESULTS

A total of 93 nursing professionals answered the questionnaire. The breakdown of respondents was 21 nurses, 26 midwives, and 46 public health nurses. Of these, 38 respondents (40.9 %) had under 5 years of professional experience, 23 (24.7 %) had over 5 years but under 10 years, and 32 (34.4 %) had 10 or more years of professional experience. Situations in which they faced difficulties varied, including those related to breastfeeding, the crying and sleeping of babies. In terms of situations related to breastfeeding, a significant difference was observed in the degree of perceived difficulties between groups with different amounts of professional experience. On the other hand, no difference was observed between such groups in terms of the crying and sleeping of babies. Among response about how to handle difficult situations, they answered "propose several solutions". The skills that nursing professionals most want to learn were "teaching how to handle the crying and sleeping of babies" (64.5 %).

CONCLUSIONS

Among nursing professionals, those with many years of experience encounter fewer situations related to breastfeeding in which they feel difficulty. On the other hand, no difference was observed between such groups in terms of the crying and sleeping of babies. Professionals provide information to mothers and carefully listen to them in difficult situations.

KEY MESSAGE

Nursing professionals need education to provide new knowledge and skills based on scientific findings about the crying and sleep cycles of babies.

ICMBALI-2060 - Nurse midwives and midwives childbirth care training to improve maternal and neonatal indicators in Brazil

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3 *Universidade de São Paulo, Obstetricia, São Paulo, Brazil*
4 *Universidade de São Paulo, Enfermagem, São Paulo, Brazil*

BACKGROUND

Brazil has a goal of reducing the maternal mortality ratio from 50 to 20 by 2030. One of the challenges to improve this indicator is the reduction of unnecessary practices and the insertion of midwives and nurse midwives in childbirth care. "Qualifica Parto II", a partnership project between Coren-SP, ABENFO-SP and Nacional with the Private Hospital Israelita Albert Einstein, was a 180-hour course that trained 36 nurse midwives in childbirth care. Objective: To present the results of "Qualifica Parto II" under the evaluation of the participants. The average performance of nurse midwives in the final evaluation of the course was 8.5 (scale from 0 to 10). The partnerships to conduct the course strengthened the training of nurse midwives and midwives since the course received great evaluation by the participants and aroused the interest in direct parturient care.

OBJECTIVES

Apresentar os resultados do "Qualifica Parto II" sob a avaliação dos participantes.

METHODS

Quantitative, evaluative study on the impact of training of obstetrical nurses.

RESULTS

Note 10 was attributed by 77.7 % of nurse midwives in relation to the course load; by 72.2 % in relation to class time and content developed and by 97.2 % in relation to the evaluation method. Almost all (97.2 %) reported that the course aroused interest in direct parturient care. The average performance of nurse midwives in the final evaluation of the course was 8.5 (scale from 0 to 10).

CONCLUSIONS

The partnerships to conduct the course strengthened the training of nurse midwives and midwives since the course received great evaluation by the participants and aroused the interest in direct parturient care.

KEY MESSAGE

Maternal Death, Nurse Midwifery, In-service Training.

ICMBALI-1955 - Cross-cultural skills and professional gestures: what are the realities for midwives in Reunion Island and Mayotte?

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BACKGROUND

The birth environment in the French islands of the Indian Ocean is culturally diverse. The midwife is confronted with multiple social and cultural expectations and tries, within the limits of protocols, to respond as best as possible to engage in professional activities while preserving the quality of care and the interests of the infant and his mother.

OBJECTIVES

The objective of this study is to understand how midwives develop cross-cultural skills that implement negotiation strategies for reference cultural universes?

METHODS

The qualitative method was based on semi-directive interviews with midwives (n = 15; T = 20h; W = 195,000 words) and with mothers who had recently given birth (n = 12; T' = 14h; W' = 120,000 words) in Reunion and Mayotte. A discourse analysis related the points of divergence in care interpretations to the ways in which local traditions were negotiated in response to care protocols.

RESULTS

The results showed that cross-cultural skills were not initially a priority for midwives, whereas they were essential for mothers who wanted to be culturally recognized in their expectations at this time of vulnerability. Among the midwives, transcultural skills were constructed a posteriori, through a reflexive return: questioned in a favourable and benevolent deferred space, these skills were easily deployed.

CONCLUSIONS

These results question the modalities of education of midwives and perspectives are opened to allow midwives to adapt through dialogue to the cultural contexts of birth.

KEY MESSAGE

Raising awareness of the challenge of building cross-cultural skills in initial and in-service training in midwives would make it possible to take better care of the beginnings of the mother-baby relationship.

ICMBALI-1988 - Factors that promote cervical cancer screening among female university students

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BACKGROUND

Cervical cancer is caused by sexually transmitted infection with human papilloma virus (HPV). In recent years, it has been proposed that this cancer could potentially be eradicated by primary prevention of HPV infection with prophylactic vaccination and secondary prevention by cervical cancer screening. However, adverse reactions to HPV vaccine became a problem in Japan during 2013, after which the government stopped actively recommending vaccination and the vaccination rate declined to a low level of approximately 0 %. Among Japanese women, the cervical cancer screening rate is around 30 %, and it is as low as 16 % for young women in their 20s and 30s.

OBJECTIVES

To clarify the factors that could encourage young women with a low cervical cancer screening rate to undergo screening.

METHODS

At our university, cervical cancer screening events are held during the university festival, and 60 to 90 women undergo screening each year. A questionnaire survey was conducted among university students who had undergone screening during the festivals held from 2015 to 2018. This study was approved by the Research Ethics Review Committee of Junshin Gakuen University.

RESULTS

Factors that encouraged students to undergo cervical cancer screening were found to include a low cost, provision of information, consultation with a female physician, and friends undergoing screening simultaneously.

CONCLUSIONS

These findings suggest that cervical cancer screening can be promoted among young women by providing a budget for screening, providing information via education and spreading awareness as well as preventative measures, and creating a screening environment in which young women do not feel embarrassed or uneasy.

KEY MESSAGE

Education of young women about prevention of cervical cancer is an important mission of midwives engaged in promoting reproductive health.

ICMBALI-0141 - The emotional work of preceptorship: completing written feedback

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BACKGROUND

Feedback is a valuable learning tool for midwifery students, offering information about current and expected standards of practice, with the aim of improving future performance. Written feedback is believed to be more effective in improving future performance when compared to verbal feedback and can also serve as tangible evidence of a student's achievements of the required clinical competencies for graduation. A lack of midwifery research regarding the experience of completing written feedback exists.

OBJECTIVES

The aim of this study was to explore the experiences of midwives and student midwives in completing written feedback in the clinical setting by asking, What are midwives experiences of giving students written feedback? What are student midwives experiences of receiving written feedback?

METHODS

This qualitative study is situated within a hermeneutic phenomenological framework. Data was collected through a mix of focus groups and individual interviews with 19 midwives and 13 student midwives employed in all areas within a tertiary maternity hospital in Western Australia. Data was transcribed and subjected to thematic analysis. Ethics approval was granted for this study.

RESULTS

Midwifery and student participants experienced strong emotional reactions around the completion of written feedback in the clinical setting due to four identified common challenges, which resulted in solutions being employed by both groups to offset or minimise these. These emotions will be explored in depth during the presentation.

CONCLUSIONS

Completing written feedback in the clinical setting was perceived to be a highly emotive and challenging experience for participants in this study, affecting their ability to do so in some cases. This is concerning as the literature is supportive of the positive impact effective written feedback has on the growth and potential of students.

KEY MESSAGE

Midwives and students need to be well prepared and supported to complete written feedback in the clinical setting.

ICMBALI-1557 - Strengthen the training of midwives in Haiti to reduce maternal and infant mortality: Saj Fanm Pou Fanm

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BACKGROUND

Maternal mortality ratio: 529 deaths per 100,000 live births in 2017.

Neonatal mortality rate: 36 per 1000 in urban areas to 30 in rural areas.

Initiative of the Haitian Government to address this situation.

Strengthen the training and deployment of midwives as strategy for reducing maternal mortality.

OBJECTIVES

Strengthen midwive preceptors' skills to:

Save lives.

Promote sexual and reproductive health of women, girls and newborns.

METHODS

To assess the training needs of instructors at the Institut Supérieur de Formation des Sages-femmes (INSFSF) de Port-au-Prince, a Matrix of 54 competencies was created based on the midwifery-training curriculum and a list of 17 concepts related to the competency-based education (CBE).

The method chosen for the evaluation was the written questionnaire that each teacher instructor completed via the Internet.

Each of the 54 competencies was assessed using 5 indicators.

A meeting was held with the eight participants to ensure that the grid was properly understood.

The analytical method used was quantitative and descriptive.

In order to ensure confidentiality of the participants, a letter was assigned to each participant.

The responses were compiled and weighted as a percentage in an Excel table. These were then sorted in ascending order to determine which skills were mastered and which were not.

RESULTS

Eight instructors responded. Skills with a score of less than 60 % were considered not to be acquired and to require reinforcement.

35 competencies (64 %) are not mastered and require reinforcement.

100 % of the concepts of CBE require pedagogical reinforcement.

CONCLUSIONS

In light of the results obtained, UQTR will offer INSFSF instructors disciplinary reinforcement on each of the uncontrolled competencies by including the concepts of a CBE in its teaching.

KEY MESSAGE

Reduction of maternal and neonatal mortality will be addressed by reinforcing disciplinary and pedagogical capacities to instructors.

Strengthened pre-service training is key for competent and rapidly operational midwives in low-income countries.

ICMBALI-1413 - Sleep quality, depression, fatigue, and father-infant attachment of fathers of 4-month-old infants

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BACKGROUND

Overwork of fathers had infant might be a factor for attachment disorder.

OBJECTIVES

To investigate sleep quality, depression, fatigue, and father-infant attachment of fathers of 4-month-old infants.

METHODS

The subjects were fathers had 4-months infant. To those who agreed to cooperate with this study during the 1-month checkup, questionnaires were sent at 4 months postpartum, and were returned by post. The survey consisted of the basic attributes, birth history, child-raising status, the Japanese version of the Pittsburgh Sleep Quality Index (PSQI-J), the Postpartum Bonding Questionnaire (PBQ), VAS (fatigue) and Edinburgh Postnatal Depression Scale (EPDS). Data were analyzed using descriptive statistics, t-test, Chi-squared test. This study was conducted with the approval of the ethics committee of Okayama Prefectural University (Approval number 17–11).

RESULTS

Data from 23 subjects who responded to this study was analyzed. The mean score on the PSQI was 5.0, and the number of subjects with and without sleep disturbance was exhibited marked fatigue as he spent 1–2 hours on household chores and more than 2 hours a day on infant care. Marked fatigue was found in 16 subjects (69.6 %), but no association was observed with sleep disturbance. Attachment disorder was not found in any of the subjects.

CONCLUSIONS

The results showed that they spend numbers of hours on household chores and infant care, in addition to their work. The child care burden of not only mothers but also fathers was identified.

KEY MESSAGE

We need to access father's fatigue and sleep quality in addition to support for mother.

ICMBALI-0324 - Validation of instrument reprocessing methods for the Ipas manual vacuum aspiration devices

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BACKGROUND

The World Health Organization endorses provision of abortion-related care by midwives, including uterine evacuation with manual vacuum aspiration (MVA). Ipas MVA instruments have been designed for reuse wherever regulations permit. In these settings, staff must use appropriate reprocessing methods and carefully follow all instrument processing steps to remove microorganisms from contaminated instruments to prevent them from infecting other women during subsequent procedures. Manufacturers of reusable medical devices are responsible for providing instructions for reprocessing devices safely and preparing them for reuse. Additionally, the Food and Drug Administration (FDA) requires manufacturers to validate how a device should be cleaned and disinfected or sterilized for safe reuse.

OBJECTIVES

Our objective was to validate recommended reprocessing methods for Ipas MVA devices.

METHODS

All recommended reprocessing methods for Ipas MVA devices were tested for effectiveness in cleaning, achieving high-level disinfection (HLD) and/or sterilization and any physical effects on instruments. Worst-case scenario testing with artificial soil and microorganisms was performed. The specified reprocessing method was performed 25 times on multiple devices, including controls. After runs 1, 2, 3, 15 and 25, devices and controls were analyzed for: microbial growth, residual soils, surface damage, and functionality.

RESULTS

All samples were negative for microbial growth and residual soils. On inspection and functionality testing, no damage was observed for aspirators and cannulae except with STERRAD and Cidex OPA. Other HLD and sterilization methods did not affect surfaces or functionality through 25 cycles.

CONCLUSIONS

Ipas MVA devices were not negatively affected following validated instrument reprocessing methods for HLD or sterilization for 25 reuse cycles. STERRAD and Cidex OPA caused defects in the devices and are not recommended.

KEY MESSAGE

Ipas MVA Plus and Single Valve aspirators, and the EasyGrip cannulae can be safely reused (where regulations permit) following recommended instrument reprocessing methods and steps.

ICMBALI-0083 - Female pelvic shape: why do midwifery textbooks still include the Caldwell and Moloy classification of pelves?

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BACKGROUND

The 1933 Caldwell and Moloy publication of the four types of pelvis set the agenda for the anatomy chapter of midwifery textbooks for the next 90 years. Their paper classified women's pelvic shape into four broad groups; Gynaecoid, Anthropoid, Android and Platypelloid. Even though the authors changed their classification to 14 types a few years later, it is still a feature of midwifery teaching today.

OBJECTIVES

To confirm or refute the findings of the 1933 Caldwell-Moloy paper defining four types of pelvis.

METHODS

GM analysis was carried out on sets of pelvic landmarks from scans of women living in a contemporary Western Australian population (ethnic/racial background unknown). Sixty four anonymous female multi-detector computer tomography (MDCT) scans were used and 51 male scans were also examined for comparison.

RESULTS

Principle component analysis (PCA) found that there was no obvious clustering into the four distinct types of pelvis (gynaecoid, anthropoid, android and platypelloid) in the Caldwell-Moloy classification, but rather an amorphous, cloudy continuum of shape variation.

CONCLUSIONS

Until more data is collected to confirm or totally refute the statistical significance of this shape variation, it is recommended that teachers and authors of midwifery, obstetrics and gynaecological texts be more cautious about continuing to promote the Caldwell-Moloy classification, as our results show no support for the long taught 'four types' of pelvis. The true value of whether it is of value to know a woman's pelvic type prior to labour and whether any knowledge of shape or type, influences management at any stage, is also questioned.

KEY MESSAGE

The classification of four types of pelvis; gyneacoid, anthropoid, android and platypelloid, cannot be confirmed. A larger international study is required to confirm the findings of this Western Australian study which found that types of pelvis do not exist, other than male and female.

ICMBALI-1307 - Experiences of using epidural analgesia for pain relief during labor in first-time Taiwanese mothers

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BACKGROUND

With the affordable medicalization in Taiwan, primipara women who opted for epidural analgesia are explored in terms of background and reproductive experience. Most women in labor have an epidural analgesia to cope with pain, and these women's childbirth experience is closely integrated with the reproductive culture.

OBJECTIVES

The unique life story of women's using epidural analgesia was explored.

METHODS

Using snowball method, a total of eleven participants from north of Taiwan received in depth interviews which were orally administered following the outline provided by the study. Each interview took one to three hours. Participants were interviewed one to three times. According to the narrative analysis method, the verbatim draft and the interviewed women's feelings are combined to make the story appear in its original format.

RESULTS

Women believe that labor pains are natural process. However, labor is more painful than one can imagine. The reality of the medical environment makes the pain more severe. There are lack of support and resources for women to cope with pain, causing them to lose the courage to face labor pains. The imminent labor pains and the medical staff's strong recommendation for use of epidural analgesia tends to make it longer and tiring for the women, causing them to lose their vigilance for childbirth, which then lead to caesarean section.

CONCLUSIONS

Taiwanese women's childbirth process needs a more friendly environment, with provision of reproductive education for adequate information, diversification in response to the labor pains' choices. In this way, the improved quality of care for women can help them build confidence to face the labor pains, in order to make childbirth a satisfactory and heartwarming experience.

KEY MESSAGE

First-time labors,pain relief,epidural analgesia, birth experiences, oral history.

ICMBALI-1759 - Midwifery gallery- the art and science of midwifery and midwifery education

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BACKGROUND

First year midwifery students in a School of Midwifery in northern Ontario, Canada are introduced to the history, philosophy, model of care, role of the midwife, basic skills of becoming a midwife, and the life sciences as they relate specifically to the antepartum, intrapartum and postpartum periods.

PURPOSE

Critical to students' learning is an appreciation and understanding of the maternal experience of pregnancy, birth and early parenting weeks, and the particular challenges of care in a northern, rural and/or remote part of Canada.

PROJECT

An introductory level midwifery course offers students the opportunity "to be with woman" as they shadow local midwifery clients. Class "check-ins" allow students to share about their clients' or patients' experiences and perspectives receiving care in a northern setting. The course cumulates with a Midwifery Gallery- a dynamic and interactive display of students' pieces of creative work that describe the experiences observed. The Midwifery Gallery is an open event to midwifery and other students, staff and faculty. Gallery-goers meet the midwifery student artists and learn more about maternal experiences.

DISCUSSION

There is growing interest in the integration of arts and humanities in the education of health care professionals. While the sciences are essential to safe practice, the balance created through attention to arts encourages the practitioner to integrate creative, reflective and relational approaches to practice.

APPLICATION TO MIDWIFERY EDUCATION

This integrative midwifery assignment allows students an appreciation of client experiences and perspectives. Students are afforded freedom to be creative, original, inclusive, and experimental as they find different ways to best present their ideas of these maternal experiences.

KEY MESSAGE

Early experiences of "being with woman" can be exciting, but also intense, overwhelming and puzzling. The opportunity to present these experiences in an art form encourages in-depth reflection, creativity and a safe setting for emotional expression.

ICMBALI-1749 - Study on midwifery students' attitudes towards abortion and it's place in their future practice – comparison at early and late stages of the university education

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BACKGROUND

Although available under some circumstances, abortion is controversial in highly religious Poland. High quality midwifery care includes access to abortion. In Poland, midwifery education includes aspects of participation in the abortion.

OBJECTIVES

The study was aimed to verify change of attitudes throughout the course of the university education.

METHODS

A cross-sectional study was designed to describe the attitudes towards abortion at the beginning and at the end of students' university education. 334 female students of a bachelor degree program in midwifery were included. A survey with an original questionnaire enquiring about demographics, religiousness, self-identification with pro-life/pro-choice ethics, opinion about current Polish abortion law and acceptance thereof, and the declared involvement in an abortion.

RESULTS

Acceptance rates are higher if the procedure is enforced by rare circumstances (endangered maternal life or pregnancy resulting from a crime) and decrease dramatically in the case of the most common practical indication: presence of fetal malformation. Generally, the acceptance rates were significantly higher among the final year students, but more than a half of them stated, that the abortion-related topics were inadequately addressed in their study curriculum.

CONCLUSIONS

Strong religiousness of midwifery students correlates with the lack of acceptance for abortion, especially for direct involvement in it. Students decide upon the inclusion or exclusion of abortion in their future scope of practice, based on individual attitudes accepted in their environment. Higher rates of abortion acceptance among the final year students, were not necessarily a manifestation of informed approval for this procedure, but rather a form of a "systemic" adjustment. Midwifery students need to be support in developing evidence-based attitudes toward abortion.

KEY MESSAGE

In general, midwifery students disagreed to participate in an abortion. The lack of systematic solutions in the care of women after abortion, results in the lack of practical knowledge and research on the course and results of adaptation.

ICMBALI-1519 - OSCE in midwifery education: delivery care skills

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BACKGROUND

Delivery Care Skills is difficult skills to acquire for students.

OBJECTIVES

This study is aimed at clarifying the level of clinical skills shown by midwifery students based on an Objective Structured Clinical Examination (OSCE) given before and after practical training.

METHODS

Subjects consisted of 63 OSCE examinees from the University A Graduate Program in Midwifery (a 1-year course for registered qualified nurses). Informed consent was obtained for all participants. Data consisted of teacher evaluations by OSCE for "Delivery Care Skills" before and after practical training. This task was also evaluated using 20 evaluation items (maximum score = 20) and comparison of the two sets of scores (pre- and post-training) made by two-sided Wilcoxon signed-rank test. The study was approved by the Ethics Review Committee of University A.

RESULTS

The average post-training score was significantly higher than the pre-training score (11.5 vs. 13.1, $p = 0.005$). Further, significantly higher post-training scores were observed for the following 6 items: Avoided simultaneous passage of both parietal eminences ($p = 0.017$), Encouraged short breaths after slippage of occipital protuberance ($p = 0.002$), Maintained position until nuchal region was delivered ($p = 0.011$), Grasped infant securely ($p = 0.001$),Navel cord traction immediately after delivery ($p = 0.025$) and Ligated and cut navel cord using appropriate method ($p = 0.003$) .The lowest pre-training scores were observed for 1) Method of applying perineal support, 2) Avoided simultaneous passage of both parietal eminences, 3) Maintained position until nuchal region was delivered and 4) Grasped infant securely. The post-training scores for 2), 3) and 4) were significantly increased; however, there was no change for 1).Therefore, we believe that time is required to reliably acquire technical skills.

CONCLUSIONS

We clarified the less well-performed delivery care skills as well as those that require time to acquire.

KEY MESSAGE

Method of applying perineal support is a difficult skills to acquire for students.

Continued training and cooperation are required to improve these skills.

ICMBALI-1293 - Review of the Japanese literature on scales for child-rearing anxiety and parenting stress

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4 *Saga University Hospital, Clinical Research Center, Saga, Japan*

BACKGROUND

High levels of child-rearing anxiety and parenting stress can impair maternal mental health and increase the risk of inadequate child-rearing, emphasizing the current need in Japan to provide improved maternal support from the early postpartum period.

OBJECTIVES

A comprehensive review of the Japanese literature on the development of scales for assessment of child-rearing anxiety and parenting stress was conducted to summarize the characteristics and items in existing scales, identify their constructs, and clarify their benefits and possible improvements.

METHODS

We searched the Ichushi web (ver. 5) and JDream III databases from 1973 to 2018 using the keywords "child-rearing anxiety" or "parenting stress" in combination with "measurement" and "scale", identifying 30 and 71 articles, respectively. From these articles and other landmark papers obtained from the reference lists of the identified articles, 20 studies were selected for analysis after excluding duplicates. Data were analyzed by compiling descriptive statistics and by qualitative inductive content analysis.

RESULTS

The concepts measured were child-rearing anxiety (in 7 studies), parenting stress (5), parenting burden (3), postpartum depression (1), and others. Seventeen studies assessed mothers of infants and toddlers. The majority of the studies employed Lazarus and Folkman's cognitive appraisal model of psychological stress as the theoretical basis. Scales were based on the following constructs: "mental health status of mothers", "mother-child relationship", "characteristics of children", "child-rearing environment", "readiness for child-rearing", and "parenting satisfaction".

CONCLUSIONS

Only some of the Japanese scales reviewed in this study were suitable for use in the early postpartum period. These scales can be beneficial for assessing child-rearing anxiety, parenting stress, and the associated risk factors, but most of them are not likely to be very helpful in providing practical support for mothers, suggesting improvement is required in the future.

KEY MESSAGE

Child-rearing anxiety, parenting stress, measurement, scale.

ICMBALI-0618 - Midwifery research in France

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BACKGROUND

We conducted this study in France, where some midwifery practices are questionable.

OBJECTIVES

To describe the corpus of knowledge published by French midwives in scientific and professional journals.

METHODS

We conducted an online cross-sectional survey of midwives from June to November 2016; complemented by a bibliographic analysis of their articles. Participants were midwives holding/studying for PhD or a Masters' degree; or with publication experience.

Ethical approval was obtained from French authorities.

RESULTS

Of the 146 eligible midwives, 15 (10.3 %) had completed a PhD course and 73 (50.0 %) midwives had a publication experience. Lack of time, not mastering scientific writing and English language were their main barriers to publication. Between 1990 and Jan. 2016, they published 176 articles accessible online, including 134(76.1 %) in scientific journals. 89(50.6 %) articles were research papers, 89(50.6 %) dealt with biomedical topics, 56(82.9 %) with health system issues, and 18(10.2 %) used social science approaches. The number of publications increased significantly with time (+1.18 % /year).

Midwifery was the topic of 146 (82.9 %) articles. Pregnancy and birth were the two most studied reproductive life phases. 2/3 of articles were about midwifery practices or interventions. Only 84 (57.5 %) midwifery articles were published in the French language. The only scientific journal on midwifery in French language has stopped its publications.

CONCLUSIONS

French midwives publish an increasing number of articles on midwifery. Scientific publications about midwifery in French are limited mainly due to the lack of specialized journal in French. However, publishing in French would facilitate the access to knowledge and evidence of French-speaking midwifery practitioners, including in French-speaking Africa, where maternal mortality can be very high. Publishing in French would also help boost a culture of research on midwifery practice.

KEY MESSAGE

Scientific publications on midwifery in the French language are limited. They should be supported to be widely and easily accessible to all French-speaking midwives, beyond France.

ICMBALI-1964 - Theme: comparison of maximum pelvic floor muscle strength using different pelvic floor muscle training methods

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BACKGROUND

Pelvic floor muscle training is important for postpartum women to prevent urinary incontinence. The effectiveness of its methods was examined in postpartum women.

OBJECTIVES

The effectiveness of conventional and MR image training methods was examined.

METHODS

Postpartum women who gave informed consent were assigned to two groups, and underwent pelvic floor muscle training for three months. The maximum strength of the pelvic floor muscles was measured before and after pelvic floor muscle training for comparison by a t-test. Ethics Review Committee of Biwako Gakuin University (Approval Number: Biwarin30–001.2018.05/15). This work was supported by JSPS KAKENHI Grant Number 16K01577.

RESULTS

After three months, the maximum strength of the pelvic floor muscles in the MR image training group (n = 22) IQR 2.40 (1.37–3.52) was significantly higher than that in the conventional training group (n = 30) IQR 1.10 (0.82–1.67) (P = 0.001). Conclusions: Pelvic floor muscle training with visually comprehensible MR images is effective for postpartum women.

CONCLUSIONS

Pelvic floor muscle training with visually comprehensible MR images is effective for postpartum women.

KEY MESSAGE

Postpartum care,Pelvic floor muscle training.

ICMBALI-0136 - Exploring midwifery practice in community settings

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BACKGROUND

Midwives have been providing care to women throughout the history of the profession, however the provision of care has often been fragmented due to the existing frameworks and funding models within the Australian healthcare system. The recognition for all childbearing women in Australia to have access to quality midwifery care has been the recent catalyst for the rollout of midwifery group practices, within the public healthcare system. Midwifery group practices support midwives to be the primary carers for women during pregnancy, birth and the postnatal period. The move from hospital based medically directed care to community midwifery care requires the midwife to work as a primary health carer while immersed in a team environment.

OBJECTIVES

This research explored how midwives construct practice when working in all risk models of care in a community setting to inform undergraduate midwifery curriculum. The research was conducted in two large public Australian regional hospitals underpinned by a symbolic interactionist theoretical lens.

METHODS

Charmaz's approach of constructivist grounded theory was the methodology utilised. The main data source was seven interviews with midwives currently working in midwifery group practices, with the addition of midwifery governance documents, field notes and researchers' memos which all contributed to the data generated.

RESULTS

Data analysis was conducted using an iterative process of comparison concluding with three generated theoretical constructs. These were framing relationships, negotiating care and identifying emotions.

CONCLUSIONS

These three concepts came together under the overarching interpretation of developing autonomous midwifery practice within community settings.

KEY MESSAGE

Midwives need to be prepared to provide care within holistic midwifery settings, matching the developing maternity services requirements, leading to better outcomes for both the woman and the midwifery profession. Tertiary educational providers need to certify concepts of autonomous midwifery practice are built into midwifery curriculums to ensure graduates are prepared to practice in midwifery group practices.

ICMBALI-0763 - Development of a Rwandan peer education program on sexual and reproductive health: results from a preparatory survey on adolescents' needs, knowledge and attitudes regarding SRH

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BACKGROUND

Despite a variety of mainly school-driven prevention strategies, the number of adolescent pregnancies in Rwanda remains high. Empowerment of in-school students in sexual and Reproductive Health (SRH) is necessary.

OBJECTIVES

Exploring adolescents' needs, knowledge and attitudes regarding SRH as a preparatory step for the development of a peer education program (PEP).

METHODS

A cross-sectional survey was conducted in three secondary schools, including adolescents aged 15–19 years old. Convenient sampling was used. Excel and SPSS 23 were used for data analysis. Based on the obtained information from the survey, six focus group intervieuws, and after retrieving experts' input, a PEP is being developed in which Midwifery and Nursing students obtain training in SRH and educational skills (= first train-the-trainer module). In turn, these students will educate and train secondary in-school students (= second train the trainer module). Finally, these trained in-school students can act as reliable SRH peers for other in-school adolescents.

RESULTS

The survey included 563 adolescents, of whom 257 (57.0 %) were male and 285 (53 %) female. The mean age was 17 ± 1 years. Almost 15 % (n = 77) was sexual active, and 1.4 % (n = 8) have been pregnant. Most important findings for the PEP were that it should be implemented as complementary SRH source next to the school teacher (N = 274, 50.8 %) and mother (N = 130, 24.1 %). Particularly the different types of contraception (i.e. intra-uterine device, implant, jelly foam) are poorly known and misconceptions remain regarding the symptoms and treatability of AIDS and sexual transmitted diseases (STDs).

CONCLUSIONS

Midwifery and Nursing students play a key role in training of peers, who in turn could reinforce in-school adolescents in the context of contraception, AIDS and STDs.

KEY MESSAGE

A PEP on SRH can be an effective complementary strategy for the empowerment of Kirehe in-school adolescents, contributing to more independent and thoughtful SRH decisions, and consequently to less adolescent pregnancies.

ICMBALI-0466 - Myanmar student midwives' perceptions of Asian women video-sharing their childbirth experience: a qualitative study

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BACKGROUND

Worldwide, promoting respectful care is being increasingly recognized as a fundamental principle to improve the quality of maternity care. Prior studies in high-income countries indicated that listening to patients' stories may have a positive impact on the nursing or medical practice.

OBJECTIVES

The overall aim of this study was to identify Myanmar student midwives' perceptions of Asian women video-sharing their childbirth experience.

METHODS

This was a qualitative study conducted in Kyaing Tong township, Shan state, Myanmar. Participants were five second-year midwifery students in a Myanmar midwifery training school. The researchers generated data using semi-structured questions for a focus group discussion. Initially, a 34-minute abridged video of Asian women's storytelling their childbirth experience was played. (The original video *Diversity and commonalities of birth from women's voice sharing* was made by The Toyota Foundation 2016 International Grant Program.) The data were collected on 29th August 2018 and coded into sub-categories then abstracted to categories. Tokyo Healthcare University Research Human Subjects Ethics Research Committee granted ethical approval (KYO30–17B).

RESULTS

Through data analysis, four major categories (with sub-categories) emerged: (1) deep reverence for women / mothers, (2) midwife's considerate attitude to support mothers, (3) wish for safe and secure birth – environment, and (4) the importance of learning from mother's voice.

CONCLUSIONS

The findings revealed four major categories clearly indicating that a storytelling video could provide participants with new perspectives in caring for women. It motivated them to learn more, particularly about empathic communication. Therefore, we suggest that video-sharing of women's childbirth experiences could be a powerful educational tool for student midwives and a rich area for future research.

KEY MESSAGE

This study showed that student midwives realized the importance of listening to mothers' voices regardless of nationality or cultural background, and it may increase respectful, humane and individualized care for mothers.

ICMBALI-0496 - Relationships between birth-review and midwife's occupational identity in Japan

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BACKGROUND

Based on that the midwives who are activity as a professional should be required, they need to enhance their occupational identity. Recently in Japan, implementation of the birth-review is increasing. Because, the birth-review can enhance positive emotions by giving feedback on the birth experience to the mother after childbirth. At the same time, midwives can also feedback and evaluate their own midwifery care. Thus, it is considered that implementation of the birth-review may enhance midwife's occupational identity.

OBJECTIVES

The purpose of this study was to identify the relationship between implementation of the birth-review and the occupational identity of midwives in Japan.

METHODS

We conducted this study from June to October 2014, using anonymous self-report questionnaires by 325 midwives from 15 general hospitals in Japan, after obtaining their informed consent. For the measurement of occupational identity, we used a midwife's occupational identity scale that was proven reliable and valid.

RESULTS

The subjects were 235 midwives who agreed to the survey. Among them valid responses was 208 people. The mean occupational identity score of the midwives who performed the birth-review within the past three months was significantly higher than that of the midwives who did not perform the same (126.7 vs. 120.1 points, P = 0.025). Overall, the more recently implementation of the birth-review, the higher the midwife's occupational identity score tended to be. (P = 0.003 for trend). Additionally, within three months, the rate of implementation of the birth-review was positively correlated with the midwife's occupational identity score (rs = 0.203; P = 0.025).

CONCLUSIONS

Midwives who had performed the birth-review within the past three months had a high occupational identity score.

KEY MESSAGE

It was suggested that it is important to promote the implementation of the birth-review to enhance the midwife's occupational identity.

ICMBALI-2124 - Can smartphones help to improve the quality of midwifery services?

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BACKGROUND

Training of midwives in Kyrgyzstan doesnt meet international standards, which affects the quality of provided services. A survey among Kyrgyz midwives was conducted examining the IT literacy of midwives and the potential to use IT-applications to improve access to education of midwives. The survey serves as a baseline for introducing the Safe Delivery App of the Danish Maternity Foundation by the Kyrgyz Alliance of Midwives in cooperation with the GIZ health project.

OBJECTIVES

The purpose of the IT literacy survey was to provide a full description of the level of equipment, use of smartphones, access to internet and further relevant information. This survey identified the IT-tools that are best suited for communication and training and additionally, the need for training in the use of these tools in this specific target group.

METHODS

A qualitative approach has been chosen for examining the field of IT-literacy among midwives in Kyrgyzstan. The study population of 402 female midwives were equally distributed between rural and urban areas. The survey was conducted via telephone interviews and online questionnaires.

RESULTS

The survey showed that 88 % of midwives have smartphones, of which 81 % have already downloaded some applications. However, only 35 % of midwives have access to a computer in the workplace. Smartphones are mostly used privately to search for information and Social Media. Only 2 % of midwives use smartphones for their education, but 82 % of midwives believe that mobile phones will be useful for improving their knowledge in the workplace.

CONCLUSIONS

Smartphones can be suitable tools for offering online trainings to Kyrgyz midwives. Nevertheless, access to smartphones and WIFI at the workplace should be further improved and usage of the app should be taught and promoted.

KEY MESSAGE

By integrating the use of IT-tools and respective applications at a national level access to evidence-based best practices could be ensured.

ICMBALI-1063 - Strengthening the family planning (FP) competencies and skills of midwives using a skills laboratory at the National Health School (ENSP) in Burkina Faso

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BACKGROUND

According to PMA2020, the contraceptive prevalence rate in Burkina Faso was 26.4 % in 2018. The Ministry of Health is implementing several strategies to accelerate family planning uptake. To support, Jhpiego initiated the "Sustainable Extension of Postpartum Family Planning (PFPP)" project, which included a focus on strengthening pre-service midwifery training. On average, 250 midwifery students graduate from the ENSP each year.

OBJECTIVES

The PPFP project has sought to measure the contribution of skills lab in midwifery training.

METHODS

Project activities included equipping school with anatomical models, medico-technical equipment, checklists and supplies for skill labs; training 34 teachers and 54 preceptors in PFPP, Effective teaching skills; and the revision of the national FP training curriculum to include: theory, lab-based practicums, and internship in health facilities (HFs). The pre-service PFPP training focused on students mastering the following skills: counseling; PPIUD insertion; implant insertion and removal. Trained students demonstrated procedures under teachers supervision , to validate competencies using assessment tools, before beganing interning in a HF.

RESULTS

From April 2015 to June 2018, three graduating classes (700 graduates total) were reached by the project's pre-service training approach, evaluated prior graduation, and assigned to 270 HFs equipped by the project after their certification. Once at their HFs, the number of IUDs and implants inserted within 48 hours of delivery increased by 38.27 % (3431/8965) and 49.26 % (8450/17151), respectively, from April 2016 to March 2018.

CONCLUSIONS

As measured through the increase in the provision of FP methods, this intervention has been instrumental in equipping new graduates with necessary skills to provide PFPP services upon graduation. This pre-service approach using skills labs should be extended to other technical trainings . It facilitates competency acquisition, which addresses the problem of overcrowding on internship sites, and if established at all schools , would enable the consolidation and harmonization of a national training approach.

KEY MESSAGE

Midwifery, training, Family, planning.

ICMBALI-1727 - How much knowledge and skill do Community Midwife Assistants retain after graduation and refresher course and mentoring

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BACKGROUND

Reduction in high maternal and neonal mortality requires availability skilled and a competent health work force. A Safe Motherhood project implemented by the UNC in collaboration with the Government of Malawi invested in the training of Community Midwife Assistants (CMA) to improve staffing levels of rural health centers. Successful graduates are expected to be recruited and deployed immediately to health centers. Due financial challenges of the major employer (Government) graduates were made to wait for as long as a year before recruitment. To ensure delivery of quality of care and safe practice, project resources were used to refresh the newly recruited CMAs before reporting to their duty stations.

OBJECTIVES

1. Assess level of knowledge and skills retained by graduated who were recruited and deployed to health centers 9 months after graduation and nine months after refresher course.
2. Generate data that can be used to advocate for timely recruitment and midwives refresher programs for new recruits.

METHODS

Cross sectional study. Pre- and post test was administered to a convenient sample of newly recruited 127 CMAS CMA before and after a 5 day BEmONC refresher course. The Coaching and mentoring was provided in the practice area following deploymeet. Nine months after the refresher course the pretest was administered again.

RESULTS

CMAs showed low level of knowledge and skills, 58 % scored below 50 %. After the refresher course, scores improved to 63 % scoring above 70 %.Coaching also assisted CMS to retain their knowledge and competencies.

CONCLUSIONS

Delayed employment opportunities results in loss of knowledge and skills for safe practice. Timely recruitment is essential if health services to benefit from investments made into training programs. Refresher courses should therefore be the recruitment process.

KEY MESSAGE

Investments into training programs should islaries of graduates from training institutions as graduates loose their skills and knowledge if the spend considerable time at home waiting for employment opportunities

ICMBALI-1367 - Characteristics of existing healthcare workforce education in spiritual care related to childbirth: A systematic review

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BACKGROUND

Dramatic life events, such as life-threatening illness or death, raise existential or spiritual concerns in patients and their close-ones to which there are no certain answers. In relation to childbirth and parenthood transition the situation is alike. However, responding to existential and spiritual needs of patients is found to be challenging among healthcare professionals (HP). Therefore, educational programmes have been developed that systematically address and promote spiritual care competencies among these HPs.
In relation to childbirth and parenthood transition the state of educational offers for those working in maternity services is unknown.

OBJECTIVES

The objective of this systematic review is to identify empirical studies exploring under- and post-graduate course programmes to enhance spiritual care provision among healthcare professionals in the field of maternity care.

METHODS

The systematic review is carried out as an integrative review. An integrative review encompasses varied perspectives on our objective by incorporating diverse empirical studies based on quantitative, qualitative, mixed methods and literature reviews. PRISMA protocol is followed. The computerised systematic search will be concluded in the following databases: Medline, CINAHL, Scopus, EMBASE, and PsycInfo (01/1995–05/2019). Search results and selection of data will take place in Covidence-software facilitating a transparent PRISMA diagram. The final step of synthesizing data will be conducted as a narrative synthesis following Pope et al. (2007).

RESULTS

The assumption is, that only few studies exist focusing on how to enhance spiritual care competencies among midwives, doctors and nurses. The synthesised results will provide the characteristics of existing healthcare workforce education in spiritual care related to childbirth and make suggestions for future developments.

CONCLUSIONS

Conclusions are derived from searches and analyses according to PRISMA.

KEY MESSAGE

Integration of spiritual care in maternity care education has been overlooked in the past and evidence is needed to enhance this area in HPs education.

ICMBALI-0396 - Experiences of nurse educators and undergraduate midwifery students using simulation as teaching methodology

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BACKGROUND

Maternal and neonatal mortality remain unacceptably high in many countries. Maternal deaths in South Africa are related to avoidable factors including poor performance by midwives which is associated with the different forms of clinical practice being taught by nurse educators in midwifery education at different nursing education institutions. Thus a revised common clinical teaching methodology, in the form of strategies, was needed, in order to uniformly prepare student midwives for role-taking in clinical practice.

OBJECTIVES

The overarching aim of the study was to develop strategies to facilitate simulation as a teaching methodology in midwifery education.

METHODS

The study design was qualitative, exploratory, descriptive and contextual, applying Kolb's theory (1984) of experiential learning. Data was collected by means of focus groups with midwifery students and individual interviews with nurse educators. Saldaña's method of data analysis was used to analyse the data.

RESULTS

The results of the study revealed three main themes namely: participants experienced simulation as being beneficial, experienced barriers when simulation was used as a teaching methodology and addressed various recommendations how to strengthen simulation as a teaching methodology. Three main strategies were developed to address the utilization of simulation as a common clinical teaching methodology in midwifery education: 1) mobilising resources, to facilitate the implementation of simulation in midwifery education; 2) create an environment conducive to supporting simulation education; 3) and design a relevant midwifery programme that accommodates simulation within the clinical module.

CONCLUSIONS

Implementation of simulation during the undergraduate midwifery training will constitute better prepared midwifery graduates for role taking, leading to a reduction in the prevalence of maternal and neonatal deaths in South Africa.

KEY MESSAGE

A revised common clinical teaching methodology in the form of strategies will have an impact on well midwifery students are uniformly prepared for role-taking in clinical practice.

ICMBALI-1700 - On-the-job peer training for quality abortion and family planning services in Burkina Faso

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BACKGROUND

Pathfinder International endeavoured to increase access to quality services by increasing skills and capacity of midwives. However, large group trainings removed providers from their work posts and were not cost effective. Therefore, we took an innovative approach involving on-the-job, peer-training for strengthening health care providers' skills in abortion and family planning services. Additionally, with the use of a district-based approach, Pathfinder was able to promote ownership by the Ministry of Health for future sustainability.

OBJECTIVES

This study analyzes on-the-job peer training for quality abortion and family planning services. We describe the strategy, implementation, and examine the needs and the challenges faced by the program.

METHODS

We conducted 22 in-depth interviews, 3 focus groups with providers, maternity directors, Pathfinder staff, district management officers and observations to understand the status, needs and challenges in 11 public health facilities involved in the Center and Hauts-Bassins regions from November to March 2019. A thematic analysis of the data was done to identify major themes.

RESULTS

The project involved15 trainers of trainers,71 peer trainers and 44 providers trained on abortion and family planning. Average satisfaction score was 3 out of 4. Clinical skills and progress in their professional career were the main needs of providers. Challenges included availability of training space, lack of models and the length of the training duration.

CONCLUSIONS

To improve quality of abortion and family planning services by strengthening providers clinical skills, on-the-job peer training is an important option to create self-confident skilled providers when faced with human resources shortages in low resources settings.

KEY MESSAGE

On the job peer training is a cost-effective, innovative approach to training midwives in family planning and abortion services. This approach is replicate in other countries, especially in task sharing skills of midwives who both need to train for new skills, and need to be present in their health posts.

ICMBALI-1439 - A systematic review for bonding study in Japan

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BACKGROUND

The Japanese policy for maternal mental health has prevented postpartum depression and child abuse by supporting women with new babies. *Bonding*, mother's emotion toward their children like that they want to kiss, hug, and breastfeed to their children, has recently remarked as one of significant concepts focusing on mother's emotion in maternal mental health.

OBJECTIVES

The study purpose is to clarify the trends for bonding study in Japan.

METHODS

A systematic review was conducted using two Japanese online databases, the CiNii article and the Ichushi Web in April, 2019. Four key wards, *bonding, mother, infant, and attachment* were used in this review.

RESULTS

Forty nine articles were extracted from a total of 102 articles published in Japanese language between 2007 and 2018. Some researchers used *bonding* as *emotional bond*, while others defined *bonding* as *attachment toward child* in Japanese previous studies.

CONCLUSIONS

Two concepts, *bonding* and *attachment*, have been interchangeably used in this decade; therefore, it might lead to misunderstanding on interpretations findings in bonding studies in Japan.

KEY MESSAGE

Researchers should carefully utilize different definitions and scales about *bonding* and *attachment* in Japan.

ICMBALI-0833 - Midwives localizing maternal mortality in Brazil: the Zero Mothers Die Mobile Application proposal

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BACKGROUND

Maternal mortality (MM) is a global public health problem, related to the human development of the territory and the quality of care. In epidemiology, this indicator also reveals the social inequality of a specific local or a specific group of women. A series of health promotion activities can be done, including in digital health.

OBJECTIVES

Mobile apps are been used in order to address public health issues around the world. Zero Mother Die is international cooperation to combat maternal mortality. In 2017, Fiocruz in Brazil and ZMD consortium has established a cooperation to make a cross-cultural adaptation of mobile-app to women and health professionals, which content was in French and English.

METHODS

Qualitative study which professionals of the National Institute of Women, Children and Adolescents Health had translated and a pilot in the service was tested with a hundred women (pregnant and with babies from 0 to 12 months) who have installed the app in their smartphones.

RESULTS

Besides the adjustment of content, comparing the national care protocols, Brazilian users would like much multimedia content about humanized childbirth.

CONCLUSIONS

The research confirms that women are very concerned by the extremely high caesarean rates and obstetric violence in the country. The next steps of this ZMD in Brazil is to integrated Brazilian public information of maternal care service, targeting pregnant women in general and their families and developing Artificial Intelligence system in order to prevent maternal near miss.

KEY MESSAGE

In a high obstetric violence scenario, midwifery can be benefited with digital devices, which deliver correct content about pregnancy to women and professionals.

ICMBALI-1279 - Factors affecting different delivery assistance techniques utilized by skillful midwives of Japan

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BACKGROUND

Based on our 2015 presentation at the Japan Academy of Midwifery Conference, this study analyzed the difference in techniques used by skillful midwives, defined as those with "over 7 years' experience and over 100 deliveries."

OBJECTIVES

To clarify factors contributing to the difference in delivery assistance techniques employed by skillful midwives.

METHODS

Questionnaires were distributed to 1315 skillful midwives. The following factors were compared by chi-squared test: presence of a birthing bed, freestyle delivery, number of practiced cases (< 500, 500–1000, > 1000), and age groups (20s and 30s, 40s, 50+). The study was approved by the Ethics Committee of College of Nursing, the University of Fukui (25:61).

RESULTS

356 valid responses were obtained. As regards the techniques of supporting the fetal head with extension and protecting the perineum during shoulder delivery assistance, significantly more midwives who used birthing beds (n = 293) or the supine position (n = 276) practiced the techniques than those who did not use birthing beds (n = 59) or adopted freestyle delivery (n = 80). As regards the technique of waiting for contraction rather than assisting with shoulder delivery, significantly more midwives who did not use birthing beds or adopted freestyle delivery practiced the technique than those who used birthing beds or the supine position. However, there were no significant differences with respect to cases practiced or age.

CONCLUSIONS

Results showed that in freestyle or delivery without a birthing bed, the process was mother-centered and midwives exercised little intervention, waiting for shoulder delivery and taking advantage of contraction and fetal rotation.

KEY MESSAGE

Skillful Midwives,Delivery assistance technique, Birthing bed, Freestyle delivery.

ICMBALI-0175 - How to prepare final year students' transition to midwifery employment in London, United Kingdom

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BACKGROUND

The Royal College of Midwives in the United Kingdom recently highlighted that the employability of the midwifery profession only increases by 1 midwife for every 25 midwifery students in training (RCM, 2016). This is due to a number of factors such as the aging midwifery workforce, student attrition and staff retention. These professional and workforce issues present a significant challenge to both educators and employers (Hughes, 2012; Merrifield, 2017; RCM, 2017).

OBJECTIVES

This research project is designed to explore the concept of employability with final year midwifery students in order to develop a specific preceptor-ship training programme in London, United Kingdom.

METHODS

Focus groups and interviews were used to collect data from two cohorts of 8 final year student midwives over a 6 month period from February to August 2018. Data were collected on participants' perceptions of academic award, professional identity, skilful practice and expectations from a preceptor-ship training programme. Data were analysed using thematic analysis. Three overarching themes were identified from the data: developing competence and confidence, support, and organisational and personal constraints including coping strategies to stress and anxiety.

RESULTS

The structured BSc. Midwifery Programme was viewed as helpful preparation for the transition to midwifery employment. However, the students felt the need of further developing their competence and confidence in a preceptor-ship training programme. Students identified organisational and personal barriers which may hinder them from achieving a smooth transition to midwifery employment. They indicated flexible and individualised support also needed to give consideration to the importance of psychological well-being.

CONCLUSIONS

The findings of the research strongly suggested emotional support, flexibility and an individualised learning plan need to become integral parts of the preceptor-ship training programme.

KEY MESSAGE

A specific preceptor-ship training programme in London, United Kingdom could be developed in view of the final year students' perceptions of employability.

ICMBALI-0488 - Exploring the midwifery student teacher relationship and its effect on learning outcomes in the clinical setting

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BACKGROUND

Previous studies have demonstrated the relationship between skill and knowledge acquisition and positive facilitation of valuable learning opportunities in the clinical environment and the challenges associated with poor support, exclusion from experiences and an unwillingness to advance student learning.

OBJECTIVES

To explore the students' perceptions of the relationship between student and teacher and its effect on learning and acquisition of skills and competencies within the clinical environment. Insight and interpretation of the role modelling behavior by facilitators and its impact on learning will offer suggestions for future educational strategies.

METHODS

A qualitative research methodology using semi structured open ended questions of 6–8 participants, enabled common themes to evolve which identified key areas of focus, leading the discussion for supportive strategies and insight into current practices.

RESULTS

Providing quality learning environments were imperative to supporting student learning and acquisition of skills, emphasizing the relationship between student and teacher as crucial to students learning abilities and was reflected in the role modelling of skills and professional behaviour by the facilitators. Preceptorship programs to support facilitators in the development of feedback skills and strategies to provide opportunistic learning was seen as a priority.

CONCLUSIONS

The student teacher relationship supports student learning through participation and problem solving, linking theory to practice, completion of skills and competencies and experiential learning. Supporting positive role models with the skills and aptitude to guide educational activities and experiences for the learner will create greater therapeutic relationships and better learning outcomes.

KEY MESSAGE

Students learning is integral to the development of competent , safe and effective practitioners and it is the role of the facilitator to support and provide quality learning environments to enable students to complete competencies and skills to meet the changing needs of the healthcare industry.

ICMBALI-0140 - An exploration of the development of resilience in student midwives: a case study

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BACKGROUND

Student midwives have to complete a demanding programme to become a midwife, and therefore it is questioned whether they need resilience to be successful. Following an initial study of six student midwives, this case study research used a longitudinal approach with 25 first year student midwives, in a Higher Education Institution (HEI) in England, during the first eighteen months of their undergraduate programme.

OBJECTIVES

The study's aim was to explore the concept of resilience for student midwives.

METHODS

The study used Wagnild and Young's (1993) updated 2015 True Resilience Scale©, administered on three occasions. Additionally, four focus groups were conducted twice and six participants were involved in one-to-one interviews, to explore issues raised in the focus group.

RESULTS

Version 24 of SPSS was used to analyse the findings of the True Resilience Scale©. Pairwise comparisons revealed that there were significant differences in True Resilience Scale© scores between the first and the second completion ($p = 0.034$) and time 1 and time 3 ($p = 0.002$); there were no significant differences between time 2 and time 3 ($p = 1.0$). The study found that participants described themselves as developing resilience despite the programme being very hard. They believed that being passionate about midwifery, being adaptable and learning from reflection was key to being resilient as a student midwife. The importance of support and belonging in clinical practice and their mentors were key to success. Despite the challenges they encountered on the programme, they felt supported and prepared to become midwives.

CONCLUSIONS

A conceptual model and a definition of resilience for student midwives is presented for midwifery programmes to strengthen how reflexivity is taught and supported.

KEY MESSAGE

This study presents a unique model of resilience for students midwives and challenges the current approaches to the concept.

Poster session – Practice 1 – Research

ICMBALI-1076 - Easy to believe in, but difficult to carry out – Norwegian midwives' experiences of promoting normal birth in an obstetric-led maternity unit

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BACKGROUND

Midwives are recognized as responsible and accountable professionals, possessing the necessary qualifications and legal authority to promote normal births. However, challenges related to promoting normal births in obstetric-led maternity units are described, demonstrating that obstetric knowledge and practices undermine midwives' possibilities to empower women and facilitate autonomous actions.

OBJECTIVES

To explore and describe midwives' experiences of promoting normal birth in medicalized obstetric-led birth units in Norway.

METHODS

A qualitative research design with an explorative/descriptive approach was employed. A convenience sample of ten midwives was recruited from two obstetric-led birth units and semi-structured interviews were conducted in 2015. Systematic text condensation was used to analyse the data. The study was assessed by the Regional Committee for Medical and Health Research Ethics but considered to be outside the remit of the Medical and Health Research Act. Approval was obtained from the Norwegian Centre for Research Data.

RESULTS

Three main themes were identified. Firstly, personal attributes and attitudes were perceived to influence the birthing process. Secondly, lack of time and impatient staff negatively affected the woman's chances of giving birth normally, and finally, increasing focus on procedures, selection criteria and technology threatened the use of midwifery skills and prevented midwives from promoting normal births.

CONCLUSIONS

It was challenging for midwives to avoid becoming affected by co-workers who expected a certain progression in labour. Thus, it was important that they had sufficient knowledge to define a normal birth and confidence to carry it through. Being physically and emotionally present in the labour room without actually doing much was important to provide sufficient space for the woman to give birth on her own terms.

KEY MESSAGE

Promoting normal birth is influenced by midwives' disposition and attitudes. It is therefore disturbing that midwives experience losing their autonomy and responsibility for normal births in obstetric-led wards.

ICMBALI-1310 - Reducing breastfeeding complications for mothers of preterm infants

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BACKGROUND

Globally, 10 % of all births are born preterm and access to human milk via manual breast expression is required to reduce the incidence of adverse outcomes related to prematurity.

The literature reports various recommendations for initiating expressing, manual extraction techniques and the use of breast massage to enhance lactation. Timing of expressing and the most effective combination for removing milk to maintain milk supply and prevent problems are yet to be determined.

OBJECTIVES

As preterm birth is a complex event we conducted a pilot RCT to test recruitment, randomization and data collection tools comparing hand expressing and breast massage within the first hour of birth against standard care for mothers of babies born within 28 to 35 weeks gestation.

METHODS

Mothers of preterm infants, between 28 and 35 week's gestation admitted to a maternity hospital in Brisbane, Australia (n=30) were randomized to receive either hand expressing and breast massage within the first hour of birth or standard care. Primary outcomes were: feasibility of recruitment and compliance to the study protocol. Secondary outcomes included: onset of lactogenesis II, breast milk volume and occurrence of engorgement and mastitis.

RESULTS

Overall there was low compliance to the intervention from the participants in the study. For secondary outcomes, breast milk amounts were similar across both groups and similar times to lactogenesis II were recorded across both groups. Engorgement and mastitis rates were also low.

CONCLUSIONS

A number of barriers to the trial intervention were noted during this study. These included: lengthy time between recruitment and birth leading to a decrease in uptake of trial interventions, time constraints for ward and nursery staff and conflicting information on timing of expressing.

KEY MESSAGE

Exploring and defining barriers into feasibility of early expressing is paramount in long-term change for mothers of preterm infants.

ICMBALI-1528 - Midwives' practice and attitude toward special adoption system in Japan

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BACKGROUND

In Japan, the majority of children who cannot be cared for by their birth parents reside in institutions. In order to increase adoptions, the government sought to improve the existing special adoption system, which gives adoptees the same legal status as natural children. Midwives have an important role in supporting birth mothers especially in the perinatal medical centers.

OBJECTIVES

To clarify midwives' experiences in supporting birth mothers and their attitudes about the special adoption system.

METHODS

Participants were midwives who worked for the perinatal medical centers in Japan. A questionnaire consisted of demographics, experiences of consulting and supporting birth mothers, and attitudes about the special adoption system. This study was approved by the ethics committee of our institution.

RESULTS

Of the 1063 midwives and nurses receiving the questionnaire, 492 returned it completed. Almost 80 % of the participants had experienced providing support for birth mothers. However only 30 % had training for how to support birth mothers. The exploratory factor analysis of the "Attitude for the special adoption scale" yielded a 4-factor structure:, (1) Maternal myth, (2) Feeling about the special adoption system, (3) Significance of home environment for child, and (4) Empathy for birth parents. The Cronbach's alpha of this scale was 0.70. The significant demographics related to the total score of "Attitude for the special adoption scale" were: administrator or not (61.6 vs 60.0, $t = 2.23$, $p = 0.03$); midwife or nurse (61.4 vs 59.0, $t = 3.45$, $p = 0.001$), and age ($F(2, 460) = 6.97$, $p = 0.001$). The participants who had attended training on special adoption had higher scores than those who did not (63.0 vs 59.6).

CONCLUSIONS

Many midwives in the perinatal medical centers had experienced assisting birth mothers. Attitude about the special adoption and related factors were position, profession and age.

KEY MESSAGE

Need special training in providing adequate care.

ICMBALI-1614 - All that I need, exists within me – a qualitative study of Norwegian nulliparous women´s experiences with planned home birth

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BACKGROUND

Planned home birth is a rare occurrence in Norway, and research on how this experienced by Norwegian women is lacking.

OBJECTIVES

The aim of this study was to gain knowledge about how Norwegian nulliparous women experience planned home birth and why they choose this.

METHODS

A qualitative approach was used, and the data is derived from semistructured individual interviews. The transcribed interviews were analyzed through systematic text condensation (STC) as developed by Malterud. The study was approved by the Norwegian Center for Research Data (no. 60687). Ten Norwegian women from the age of 19–39 were interviewed. They had all had an uncomplicated planned home birth with their first child within the last two years. The women resided in middle-, west- and east of Norway.

RESULTS

The findings included two main themes: «inner motivation» and «giving birth in safe surroundings». The women had a strong inner faith in the normal physiological processes of labour and birth and had educated and prepared themselves carefully for their planned home birth. To be able to enter one's own inner world was crucial for labour and the trusting relationship they had with their midwife made this possible.

CONCLUSIONS

The study contributes to the bases of knowledge of home birth practices in Norway, as it is important that women's experiences is studied. To promote physiological labour and birth, the midwife can help the woman to have faith in her innate abilities, independent of place of birth. Preparations in pregnancy should have an individual focus and the mental and emotional part should be especially important.

KEY MESSAGE

Planned home birth may be experienced as very positive for nulliparous women and the care they received contains several elements that can help promote normal, physiological labour and birth in a time were reducing interventions in maternity care is of importance.

ICMBALI-1144 - The portrayal of childbirth in “One born every minute”

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BACKGROUND

The availability to media networks is rapidly increasing, pregnant women are more exposed to television programmes related to pregnancy and birth than ever. A questionnaire showed that the British reality tv-show “One born every minute” (OBEM) is the most viewed programme on this topic in the Netherlands. Yet it is unknown if the portrayal of birth in this programme is representative for Dutch births.

OBJECTIVES

The aim of this study was to describe the portrayal of birth in OBEM in the context of the Dutch birth care system.

METHODS

The 10 episodes of season 11 (2018), including 29 births, were analysed using a mixed-methods approach. Quantitative data such as the incidence of episiotomies and birthing positions were analysed using an analysis format specifically designed for this study. Qualitative data such as maternal emotions during birth were analysed using a thematic content analysis. Ethical implications did not apply.

RESULTS

Preliminary results show that some aspects of birth, for example the third stage of labor, are not shown in OBEM. Also, other aspects are shown in an unrealistic proportion to each other. On average, the time in which a woman could be seen in the first stage of labour was 2.5 times as long as the second stage of labour. Moreover, almost 80 % used Entonox and all women gave birth in a supine position. Lastly, all women gave birth in a hospital.

CONCLUSIONS

Births portrayed in OBEM differ from Dutch births and the Dutch birth care system on different aspects. Caregivers should be aware of the content of television programmes such as OBEM, as this might influence knowledge and expectations of their clients.

KEY MESSAGE

Births portrayed in OBEM differ from births and care given in the Netherlands.

ICMBALI-1954 - What are the postnatal needs of mothers without legal residence after a short hospital stay – Qualitative research

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BACKGROUND

More than 60 million people are fleeing worldwide. These people must flee their home and country by war, violence and persecution. Social inequality in terms of health and early hospital discharge is more common among women without insurance status. Mothers with financial difficulties leave the maternity clinic earlier than insured mothers.

OBJECTIVES

This research took place in Brussels, where concern about rising perinatal poverty and where the pilot projects 'shortened hospital stay' also started. This research maps the postnatal needs of mothers without legal residence (WLR) and describes their current perinatal care trajectory.

METHODS

This is qualitative, descriptive research. Nine different mothers WLR participated in individual in-depth interviews, based on semi-structured topic lists, generated using a thematic analysis. The respondents were from different continents and recruited through five first-line organizations in Brussels. Ethical committee was approved.

RESULTS

Four themes emerged:

(1) stressors of mothers WLR, (2) needs of mothers, (3) coping strategies and (4) the organization of health care. Housing stressed most mothers, in addition to financial shortages and administrative complex procedures. In addition, mothers desired employment, free and empathic care. Their coping strategies mainly relied on solidarity of relatives and their belief in God.

CONCLUSIONS

Mothers WLR need basic needs such as housing, food, safety and work. Their need for low-threshold, culture-sensitive care with a confidential adviser who guarantees continuity is much greater than the need for medical consultations. Mothers felt the need to stay longer in the maternity ward. The postnatal home care was fragmented, the first and second line were not coordinated, except when the mothers were staying in an asylum center. Nevertheless, despite their agony, the mothers showed resilience. Integrated care for vulnerable mothers, such as centering-pregnancy model is recommended.

KEY MESSAGE

Low threshold, empathic and culture sensitive (community) care – diversity management training staff/students and accessible interpretation services is needed.

ICMBALI-1175 - Breastfeeding associated to neurocognitive abilities and neuropsychological functioning in 6 years-old children: the PELAGIE birth cohort (France)

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BACKGROUND

Breastfeeding was associated to increased cognitive performances. This association remain debated, since it tend to disappear when adjusted on maternal cognitive performances and socio-economic status. However, the few studies performing such adjustments are mainly conducted in the US, where breastfeeding is strongly associated to higher parental education.

OBJECTIVES

To explore the relationship between breastfeeding and neurodevelopment in 6 years-old children in another context, based on the French PELAGIE birth cohort.

METHODS

A sample of 286 women-child pairs was randomly selected from the PELAGIE cohort (delivery in Brittany, France; 2002–2006) for a neurobehavioral assessment at the 6 years. Women answered questions during pregnancy, at birth, and at the 2 and 6 years of their child about their habits, lifestyle, and socio-economic characteristics. Psychologists assessed the neurocognitive abilities of those 6-year-old children with the Wechsler Intelligence Scale for Children IV (WISC) and the Developmental Neuropsychological Assessment (NEPSY). Associations between breastfeeding and WISC/NEPSY scores were assessed using linear regressions, while adjusting on maternal cognitive performances, maternal education and social deprivation level, and home stimulation.

RESULTS

The WISC Verbal Comprehension score was significantly higher for children breastfed at least 4 months, compared to the group never breastfed or breasted < 15 days (+4.95 points, 95 % confidence interval: 0.54; 9.37). Among the 193 breastfed children, we observed that WISC Verbal Comprehension score increased continuously with the duration of breastfeeding, especially during the 4 first months. We also observed statistically significant associations between breastfeeding or breastfeeding duration and better performance to several NEPSY subsets: visual attention; design copying; arrow; and narrative memory. No statistical association was observed with the WISC Working Memory score and the other NEPSY subtest.

CONCLUSIONS

Our results suggested positive effects of breastfeeding on neurodevelopment, even after statistical adjustment on maternal cognitive performances.

KEY MESSAGE

Breastfeeding was associated to improved performance to neurocognitive and neuropsychological tests in 6 years-old children.

ICMBALI-1723 - Exploring women´s and professionals perceptions of childbirth care after the implementation of the Clinical Guide for Humanized Attention during Childbirth in Chile

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BACKGROUND

In 2007, the MoH Chile implemented a 'Model of Integrated and Humanised Health Services', and the Clinical Guide for Humanised Attention during Childbirth aiming among others, strengthening woman-clinician relationship as well as continuous emotional support. In 2010 a previous study using a maternal well-being scale (1) almost 70 % of women reported adequate/optimum well-being with the care they received, 27,8 % reported discontent (2).

OBJECTIVES

Explore childbirth women´s experience and professionals' (obstetricians and midwives) perceptions of this humanised care during childbirth, to get a more nuanced and explanatory understanding of the quantitative assessment of well-being previously reported.

METHODS

In 2013 a qualitative design through Focus Group Discussion (FGD), and later content analysis was carried up in maternity units from nine regional hospitals (northern, central and southern regions) across Chile. Text was coded and discussed and compared critically by the research team. Ethical approval was obtained from the Ethics Committee, Faculty of Medicine-University of Chile and each local Ethics Committee. All participants signed an informed consent.

RESULTS

FGD of women (FGD = 9; n = 27 women), midwives (FGD = 9; n = 40) and obstetricians (FGD = 8; n = 29) revealed a lack of adherence to the guidelines, organised in three general themes related to identified barriers: 1) structure of the health system; inadequate infrastructure for a personalised care and a highly hierarchical medical model; 2) personnel practice and attitude; felt as inadequate training for this model, some midwives felt having lost autonomy to manage normal birth and 3) orientation and treatment provided to the women; women felt that they were not heard; they did not receive information and preparation, and were not considered in decision-making, some women revealed mistreatment and abuse.

CONCLUSIONS

Strength preservice and in service midwifery education and training in respectful maternity care, woman-centre approach and professional empowerment. Antenatal education has to be effective promoting women's empowerment.

KEY MESSAGE

Midwifery education and practice must be strength.

ICMBALI-2174 - Supporting midwifery practices to use and share outcomes data

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BACKGROUND

Current debate about audit, feedback and public data as vehicles for quality improvement inspired this study of a large urban midwifery group practice in Toronto Ontario Canada. The practice attends over 500 births per year in a continuity of care model supporting choice of birth place. During the five-year period we studied (2012–2017), the Toronto Birth Centre was established. After February 2014, the option of home birth, birth centre birth and hospital birth was available. Restricted access hospital privileges, combined with strong evidence for out-of-hospital birth prompted the practice to change our booking policy to accept primiparous clients only if they planned out-of-hospital birth.

OBJECTIVES

- To produce tools for internal quality improvement and sharing of data publically.
- To examine trends related to place of birth and booking policies within the practice.

METHODS

Better Outcomes Registry Network (BORN) Ontario is a mandatory provincial database, developed to collect data on all pregnancies and births from April 2012. BORN provides hospitals and midwifery practices standardized data reports. We established indicators and produced data tables and graphs for review and discussion. Outcomes were analyzed for trends over the five-year period and compared to outcomes for all midwives in the province.

RESULTS

Outcomes for the practice were consistent with or improved compared to provincial rates, with lower rates of interventions including caesarean section. Introduction of a local birth centre resulted in a 12 % increase in out-of-hospital births. Intervention rates were lowest for planned home birth and highest for planned hospital birth with planned birth centre births.

CONCLUSIONS

Using data to examine trends showed safe outcomes with low rates of intervention and allowed public posting of outcomes.

KEY MESSAGE

Audit, feedback and public data at the level of a midwifery practice group can inform best practice.

ICMBALI-1194 - What makes the difference for women? Implementation of a continuity of care model for women at high risk of preterm birth

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BACKGROUND

Midwifery led-care continuity models have been associated not only with improved maternal outcomes but also with prevention of preterm births and stillbirths. The theoretical basis of how relational continuity models might work is not yet fully understood.

OBJECTIVES

The aim of this study was to explore the experiences of women at higher risk of preterm birth on the implementation of a new midwife-led continuity model. Two implementation outcomes evaluated were acceptability and fidelity of the model of care as perceived by women.

METHODS

The POPPIE programme consists of linked studies including a pilot trial assessing feasibility of whether a pathway combining continuity of midwifery care with a obstetric led pre-term birth clinic improves outcomes for pregnant women at high risk of preterm birth. Women identified to be at increased risk of preterm birth were randomised into two groups: those in the intervention group received antenatal, intra-partum and postnatal continuity from a primary midwife, while control group received standard care. Sixteen women cared for by the POPPIE team were interviewed in the postnatal period through purposive sampling (variation in social complexity, social economic group, ethnicity, parity & obstetric history). Data collection and thematic analysis were informed by CFIR framework and analysis was data driven. Ethical approval:IRAS ID 214196.

RESULTS

The findings identified the core components of the model: *access, advocacy, building relationships, trust, time and reduction of stress and anxiety*. Secondary objectives included exploration of the mechanism of effect of continuity of care on management of preterm labour and pregnancy loss.

CONCLUSIONS

Acceptability of the model to women is confirmed by this study. Fidelity to the intervention is essential as its lack dilutes the potential benefit of the model and causes disappointments for women when intra-partum continuity is disregarded.

KEY MESSAGE

Women value continuity of care,specialist pre-term birth clinics need to be integrated in the maternity pathway to avoid fragmentation.

ICMBALI-1397 - Examination of factors influencing intentions to breastfeed and breastfeeding duration in an Irish cohort

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BACKGROUND

Breastfeeding can improve health outcomes and midwives are central in supporting its establishment. However, breastfeeding rates in Ireland were 59.9 % in 2016, amongst the lowest internationally.

OBJECTIVES

To assess intention to breastfeed, feeding status at birth, one and three months postnatal and influencing factors.

METHODS

Secondary data from 124 healthy pregnant women participating in a Randomised Controlled Trial in a Dublin hospital who recorded intention to breastfeed at booking were included. Observational data including demographic and lifestyle data was collected.

RESULTS

Of the 124 women, 80.7 % were Irish, 86.2 % achieved third level education, and 43.5 % were multiparous. Mean age was 32.7 years and mean BMI 24.9 kg/m^2. 91.1 % (n = 113) reported intending to breastfeed at booking. At birth, 91 % of those initiated breastfeeding (n = 101/111). 78.6 % (n = 77/98) and 66.7 % (n = 58/87) of those intending to breastfeed remained breastfeeding at one and three months postnatal respectively. Intention to breastfeed in early pregnancy was significantly higher amongst women with third level education and who had breastfed previously ($p < 0.001$). Intention did not differ significantly with maternal age, ethnicity, BMI, or parity. Women with higher education were more likely to breastfeed at delivery, one and three months postnatal ($p < 0.05$). Although maternal BMI was not associated with intention, women who did not breastfeed at delivery and three months postnatal had significantly higher BMIs compared to women who breastfed ($p < 0.05$). There were no significant differences regarding feeding with ethnicity, age, or parity at birth and one month postnatal ($p > 0.05$). However, primiparous women intending to breastfeed were significantly more likely to breastfeed at three months compared to multiparous women ($p < 0.05$).

CONCLUSIONS

Many factors are shown to influence breastfeeding intention and duration including BMI, parity and education.

KEY MESSAGE

It is important in midwifery care to identify potentially inhibiting factors during pregnancy to develop support measures to encourage initiation and continuation of breastfeeding.

ICMBALI-1212 - Baby's First Hug: Establishing skin-to-skin contact during caesarean birth using Participatory Action Research

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BACKGROUND

The WHO (2018) recommends 80 % of mothers engage in optimal skin-to-skin contact (SSC) regardless of mode of birth. SSC during caesarean birth is as beneficial as with vaginal birth with no adverse affects identified. Along with lower neonatal infection rates and Neonatal Intensive Care Unit admission rates, mothers report better birthing and breastfeeding experiences. Establishing SSC in theatre can be challenging for staff however it can lead to greater job satisfaction. In our hospital, auditing revealed that 0 % of babies born in theatre received SSC,and less than one third began SSC within one hour of life.

OBJECTIVES

To introduce and establish SSC as routine care during caesarean birth and to explore staff and maternal perceptions to the practice in a large hospital in Ireland.

METHODS

Meeting with hospital management leading to the development of a policy to implement the change. PAR design to encourage sustainable change. Data collected from multi-disciplinary staff and women having elective&emergency caesareans. One-to-one interviews, focus groups, field observations and clinical audits were carried out with staff to explore staff attitudes to SSC and changing practice. Mothers completed questionnaires which were analysed.

RESULTS

SSC increased from 0 % to 77 % for elective caesarean births. Overall rates in the first hour rose from 28.9 % to 87.5 % for all caesarean births. Staff are motivated to overcome barriers when exposed to education, hospital support, and positive feedback. Mothers have better birth experiences when facilitated to have SSC, some feeling "healed" from previous traumatic births; they want minimal separation from their babies.

CONCLUSIONS

It is safe and feasible to establish SSC in theatre for well mothers&babies, and is recommended to promote better birth experiences and outcomes. The policy has now been adapted as a group policy for three further hospitals.

KEY MESSAGE

SSC is recommended for well mothers&babies to promote better birth experiences in accordance with WHO recommendations.

ICMBALI-1545 - Effectiveness of cloud application intervention in reducing the anxiety of family members of emergency care pediatric patients as they await hospitalization

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BACKGROUND

With the complicated admission process and waiting for hospitalization, family members of pediatric patients face unpredictable changes in their child's health conditions and medical environments, which can cause helplessness, fear, and anxiety in family members.

OBJECTIVES

Explore the sources of anxiety for family members awaiting pediatric hospitalization, and provide appropriate intervention programs to help families reduce anxiety.

METHODS

The prospective pre- and post-test study design was selected for ease of sampling in the pediatric emergency room of a women's and children's hospital in North Taiwan. The STAI Anxiety Scale was used to measure the anxiety level of family members as they wait for hospitalization. A total of 30 cases were received: 11 subjects scored 39–43 points, 16 subjects scored 44–49 points, so a total of 27 subjects (90 %) had anxiety levels > 39 points or higher. The intervention strategy is a cloud application video that introduces information regarding the illness, the environment, and the hospitalization procedures. Awaiting family members only needed to scan the QR Code to immediately obtain this informational video.

RESULTS

After the intervention cloud app, the percentage of emergency pediatric patients' family members with anxiety degree > 39 points decreased from 90 % to 39 %. Causes of anxiety were found to be: not understanding the illness of the sick child, unclear information regarding medical treatments, lack of understanding about the hospitalization process, and unfamiliarity with the hospital ward environment.

CONCLUSIONS

This project not only reduced the anxiety level of family members waiting for pediatric hospitalization, but also enhanced interaction and communication in nursing care, increased the hospitalization satisfaction of pediatric family members, shortened the time necessary for nursing staff to repeatedly introduce the environment, and enhanced the efficiency of nursing staff.

KEY MESSAGE

Pediatrics, hospitalization, anxiety.

ICMBALI-1335 - An investigation into the knowledge, practice and opinion of midwives undertaking perineal repair at an Australian tertiary obstetric facility

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BACKGROUND

Women who birth vaginally are at risk of sustaining trauma to the perineum and genital tract. It is within the scope of practice of midwives who have completed a competency process to repair tears involving the skin and perineal muscle. Current knowledge, clinical practice patterns and opinion of training and support among Australian midwives is not known as the competency process is managed at a local level in health care organisations, potentially leading to inconsistencies in training standards and clinical practice. .

OBJECTIVES

This study investigates the knowledge, current clinical practice and opinion of support and training for midwives undertaking perineal repair at a tertiary obstetric health care facility in Australia.

METHODS

Midwives currently providing birth care and undertaking perineal repair were invited to complete an anonymous online survey investigating knowledge of anatomy, trauma assessments, perineal repair practice and opinion of training and support for attaining competency,at one hospital. Clinical audit of documentation of perineal repair by midwives including tear assessment, analgesia, repair technique, per rectum (PR) examination and postpartum analgesia.

RESULTS

20 midwives completed the survey.reporting reasonable confidence with perineal assessment and repair and episiotomy . The audit showed a high level of documented PR examination pre and post suturing. Perineal suturing was largely in line with international evidence informed guidelines, although documentation was inconsistent. Limited local governance was identified, citing lack of recognition of suturing in the Learning Ladder, no register of competent midwives or structured mentorship program.

CONCLUSIONS

The results provide an important opportunity for establishment of a nationally accredited program that ensures a consistent pathway to attainment of competence in perineal repair, and most importantly, ensures women receive high quality care based on best practice learning and clinical practice principles.

KEY MESSAGE

Perineal repair is within the normal scope of practice for midwives. There needs to be consistency in training and support.

ICMBALI-1906 - Enhancing quality of maternal and newborn care: the safe childbirth project in Shifa Hospital, Gaza, Palestine

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BACKGROUND

Safe Childbirth is a campaign to improve the quality of care for women and babies during childbirth by promoting evidence-based practices and midwifery-led approach of care. In September 2015, the project was launched in the maternity ward, Shifa Hospital, Gaza City.

OBJECTIVES

To promote midwifery-led care for low risk women, de-medicalization of normal birth, and early initiation of breastfeeding and improve early detection of complications during the postpartum period.

METHODS

Women admitted to the labour Ward Unit in Shifa Hospital from September 1st 2015 to June 2018. Data were extracted from the patient files, aggregated and analyzed. Six indicators were assessed: Risk assessment of the woman upon admission to the labour ward Unit, use of partogram, oxytocin augmentation, and babies delivered by a midwife, breastfeeding initiation within an hour after birth and the number of postnatal examinations. Ethical approval was obtained by ethical committee for Medical research locally known as Helesnki at Palestnian Research Council. It is considered as health quality reaserch.

RESULTS

During the project period (34 months), there were approxiamately 46,500 birth at Shifa hospital, two thirds of them were vaginal deliveries. The proportion of women assessed as high-risk or low-risk upon admission increased from 65 to 100 %. The rate of oxytocin augmentation decreased from 24 to 8 %. The proportion of in low-risk women assissted by a midwife during childbirth increased from 53 % to 100 %. The proportion of women who initiated breastfeeding within one hour after birth increased from 45 to 81 %, and the coverage of women who had five or more postpartum examinations from 27 to 81 %.

CONCLUSIONS

After implementation of the Safe Childbirth project in Shifa Hospital, we registered a change in most of the indicators, indicating better quality of care. However, we did not report maternal or neonatal outcomes.

KEY MESSAGE

Midwifery care can improve the quality of care.

ICMBALI-1434 - Childbearing women's views and experiences of epidural analgesia and decision-making: a systematic review

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BACKGROUND

Epidural analgesia is an increasingly common phenomenon in high-income countries worldwide. Women's experiences and decision-making is only partially covered in the existing panorama of international guidelines.

OBJECTIVES

To investigate women's views and experiences of epidural analgesia in labour, including the decision-making process.

METHODS

A mixed methods systematic review. The literature search was conducted on Medline, CINAHL and EMBASE databases from 2000–2018. Papers reporting experiences or decision making for women who had, or were considering, epidural analgesia in labour were included. Quality evaluations used established critical appraisal tools including GRADE-CERQual to assess confidence in the qualitative findings. The quantitative narrative synthesis combined with the qualitative themes to produce integrated synthesised findings.

RESULTS

Thirty studies were included, and four themes identified: a) choice b) pain management experience c) lack of information d) information provision and consent. Women expected to be involved in decision-making and reported a lack of information. Informed consent was often quickly undertaken intrapartum and women would prefer to receive detailed information from their care provider during pregnancy. Women did not have comprehensive understanding of potential side-effects and healthcare professionals were perceived to minimise or omit obstetric risks and the potential 'cascade of intervention'.

CONCLUSIONS

There is a lack of high quality evidence on women's perspectives of epidural. Discussions about epidural analgesia should ideally take place during the antenatal period and include epidural benefits, risks and potential side-effects. Midwives should consider the woman's feelings, values, concerns, sense of control, self-esteem and satisfaction before, during and after an epidural is sited.

KEY MESSAGE

Midwives should dedicate time during antenatal visits to discuss pain relief options, preferably alongside printed or audio material. Midwives need to continuously evaluate with the labouring woman the factors which may influence her choice of an epidural, including ability to cope with pain, timing of epidural, women's values and sense of control.

ICMBALI-2053 - An adaptable birthing room and its effect on labour and birth – feasibility study for the randomised controlled trial; Room4Birth in Sweden

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BACKGROUND

It is known that the healthcare environment influence health outcomes. However the effect of the physical design of the birthing room on maternal and neonatal outcomes is insufficiently studied. A randomised controlled trial (RCT), which is part of the Room4Birth project will measure and compare effects and experiences of two types of birthing rooms in nulliparous women with spontaneous labour start at one labour ward in Gothenburg, Sweden. Participants will be randomised on a 1:1 ratio to receive care either in a regular birthing room (control group) or in a rebuilt birthing room with a woman-centered approach ("new" room) that promotes safety, sense of familiarity and choice (light, sound, visual stimuli, bath tub, birth support tools) (intervention group).

OBJECTIVES

The objective of this study is to test the feasibility of the planned RCT; Room4Birth.

METHODS

Protocols, routines and documents for the RCT were developed and tested in a pilot study of nine women during December 2018.

RESULTS

The study identified obstacles by obtained information from study participants and staff. This concerned the recruitment of study participants, refining of inclusion criterias and procedure, information sheets, randomisation and work with the study participant. Obstacles were successively solved with revised procedures and documents, more specified inclusion criterias and development of a new checklist to facilitate identification of eligible women.

CONCLUSIONS

The developed protocols, routines and information documents in the RCT is acceptable to participants and fascilitators and the intervention is viable.

KEY MESSAGE

The feasibility study has simplified the implementation of the RCT; Room4Birth that started January 2019.

ICMBALI-1117 - Challenges in migrant women's maternity care in a high-income country: A population-based cohort study of maternal and perinatal outcomes among migrant women in Iceland

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BACKGROUND

The inequity migrants face concerning their state of health and their access to quality health services have been demonstrated by researchers and international organisations all over the world. Migrants are steadily increasing in the World Health Organization (WHO) European Region. Iceland is no exception with 14.1 % of its population holding a foreign citizenship in 2019. Increased risks of adverse perinatal outcomes have been reported in the Scandinavian countries among migrant women compared with the host population. However, results of previous studies are inconclusive regarding mode of birth/caesarean section and episiotomy rates.

OBJECTIVES

To compare maternal and perinatal outcomes between migrant and Icelandic women.

METHODS

This is a population based prospective cohort study and includes information on all women who gave birth to a singleton in Iceland during 1997–2018, a total of 92,403 births. Odds ratios and 95 % confidence intervals for the likelihood of maternal and perinatal outcomes were calculated using logistic regression models. The effect of country of citizenship on maternal and perinatal outcomes were estimated.

RESULTS

Migrant primiparous women overall, in comparison to Icelandic primiparous women, had higher odds of episiotomy (Adj OR = 1.43, 95 % CI 1.26–1.61) and instrumental birth (Adj OR = 1.14, 95 % CI 1.02–1.27). However, primiparous migrant women had lower odds of induction of labour (Adj OR = 0.88, 95 % CI 0.79–0.98) and preterm birth (Adj OR = 0.56, 95 % CI 0.46–0.68).

Migrant multiparous women, in comparison to Icelandic multiparous women, overall had higher odds of perineum support (Adj OR = 1.39, 95 % CI 1.21–1.60), episiotomy (Adj OR = 1.29, 95 % CI 1.05–1.59), instrumental birth (Adj OR = 1.41, 95 % CI 1.16–1.72) and emergency caesarean (Adj OR = 1.32, 95 % CI 1.12–1.55). The multiparous migrant women had lower odds of induction of labour (Adj OR = 0.74, 95 % CI 0.66–0.83), epidural use (Adj OR = 0.91, 95 % CI 0.83–1.00) and elective caesarean (Adj OR = 0.67, 95 % CI 0.57–0.78).

CONCLUSION

Our results demonstrate that after adjusting for potential confounding variables, a significant association between women´s citizenship as well as their country of origin HDI index, and a range of maternal and perinatal complications, still remained. Migrant women from countries with lower Human Development Index than Iceland (< 0.900) had additionally increased odds of several maternal and perinatal complications and interventions, such as emergency caesarean and postpartum hemorrhage.

KEY MESSAGE

Adverse maternal and perinatal outcomes among women in Iceland with foreign citizenship suggests unmet care needs of these women.

ICMBALI-1670 - Feasibility of a health and risk categorization system at an interdisciplinary birth unit in Iceland

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BACKGROUND

Rates of childbirth interventions and adverse birth outcomes among healthy, low-risk women are higher in interdisciplinary birth units than in alongside or freestanding midwifery units or home births. Iceland's only tertiary hospital's interdisciplinary birth unit provides services for both low-risk and at-risk women.

OBJECTIVES

The aim of this feasibility study was to develop a health and risk categorization system and evaluate its ability to: 1) be a clinical tool to monitor the health and risk status of admitted women and guide clinical decision making, and 2) be an academic instrument for research on the birth outcomes of different groups of women.

METHODS

The health and risk categorization system was based on research and national guidelines on health and risk categorization. The system was added to midwives' electronic registration, piloted, and updated. All midwives received individual instructions on how to use the system. Data for the study was collected from May 9 2017 to May 8 2018.

RESULTS

Of admitted women 96.3 % (2659/2760) were categorized in the system. Of these, 67.8 % were categorized low-risk on admission and 32.2 % with health problems or risk factors. During birth services 56.3 % of low-risk women (38.2 % of the whole group) were re-categorized, leaving 29.6 % categorized as low-risk on discharge. Categorization on admission was mostly consistent with information from maternity notes while large discrepancies were found between maternity notes and re-categorization during birth services.

CONCLUSIONS

For the system to be clinically useful, implementation must be followed up with updates to ensure a more complete re-categorization. Information from the system may be useful for research if it is revised and supplemented with data from maternity notes.

KEY MESSAGE

A health and risk categorization system can be a useful clinical tool to guide clinical decision making and monitor the health and risk status of women admitted to a tertiary interdisciplinary birth unit.

ICMBALI-2054 - Preferences of first-time mothers regarding alongside midwife-led care in Germany

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BACKGROUND

In addition to the usual obstetrician-led model of care models of midwife-led care have been established for women with low-risk pregnancies. There is little information on the decision criteria used for any clinical model of care. However, it is essential to be aware of the users' needs in order to be able to guarantee individual women-centred care.

OBJECTIVES

Within the scope of the Master's thesis, the preferences of low-risk first-time mothers living in Germany were recorded with regard to their decision criteria for a clinical model of care.

METHODS

The study design used mixed-methods. Initially, two homogeneous focus groups with pregnant women from both clinical care options were studied in order to trial the decision criteria derived from the literature. Based on this, a survey was conducted using the *Analytic Hierarchy Process* to assess the importance of the decision criteria. Women (n = 33) from both models of care were interviewed by telephone. Ethical approval was obtained.

RESULTS

33 questionnaires were analysed. Taking the overall sample into account, the women show a preference to rely on their own individual ability to give birth and the one-to-one support of a midwife. The presence of a doctor at birth and not having the ability to influence decision-making are of minor importance. The model-specific analysis reveals diverging preferences between the groups considered, which affect the unrestricted access to pain relief.

CONCLUSIONS

The attitude towards birth depends on individual understanding. Consequently, the women's differing requirements for care during birth emphasise the future existence of both obstetrician-led and midwife-led care. However, the desire for one-to-one support by midwives is evident across all groups.

KEY MESSAGE

Women who choose midwife-led care show a great confidence to rely on their own individual ability to give birth.

ICMBALI-1158 - How can midwife intervention change meaning in life for fathers diagnosed with PTSD prior to pregnancy?

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BACKGROUND

Having a PTSD diagnosis and starting transition into fatherhood can be a challenging period through a mans life. The postpartum and puerperium can create very complex matters for both father and mother, while dealing with the additional challenges that a PTSD diagnosis gives to the sensitive first period in parenthood.

OBJECTIVES

A collaboration study between Herlev Hospital and Danish Veteran Association.

METHODS

Qualitative research consisting 2 semi-structured interviews with 10 men, diagnosed with PTSD, having their first child, implemented 30 days and 12 months after birth.

RESULTS

The fathers experienced huge challenges. Many of the key issues was grounded in the uncertainty around having a baby to take care of. Unknown land for both mother and farther and especially lack of sleep, created symptoms at PTSD. One of the main stressors was the sound of a crying baby. The fathers found it very difficult to deal with direct noises that did remind them about the situations that had given them PTSD in the first place. Furthermore the fathers experienced the feeling of isolation and being alone dealing with these matters. No support from trained psychologist were offered. Having a midwife supporting them, gave them new tools to talk about it during pregnancy.

CONCLUSIONS

The study concludes the need for the fathers and mothers to prepare for strategies during pregnancy to avoid situations that creates flash-backs and stress post partum for the father. Becoming a father takes a man, and with a PTSD diagnose on top of it, it takes even more.

Furthermore fatherhood seemed to contain a transition of parenthood with a positive impact at long-term basis (after a year), but negative impact at short-term.

KEY MESSAGE

Becoming parents, with PTSD diagnosis challenge the transition of fatherhood.

ICMBALI-1760 - Establishing an alongside midwifery led unit in North Wales UK

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BACKGROUND

In 2013 I embraced the opportunity to lead on establishing an alongside midwifery led unit (MLU) in North Wales, UK. This was one of three new MLU's in the area. Partnership working with key stakeholders was essential to ensure successful implementation of this new birth environment for women.

OBJECTIVES

The key objectives were:

1. to establish a MLU alongside the main consultant led unit on labour ward.
2. to empower and support women to realise their potential for physiological childbirth.

METHODS

Drawing on previous experience as a community midwife and as a labour ward sister, I was confident in my ability to establish a safe and private space for women to birth near the consultant led unit. My strength of leadership, ability to communicate effectively with midwifery and medical colleagues, and with women and their families, have been key to the successes of this unit. I am committed to the provision of woman centered care through supporting and advocating for each woman. A birth choices clinic enabled me to explore options for women who have antenatal risk factors providing them with the option to birth in a safe and private midwifery led environment.

RESULTS

I have established the most successful midwifery led unit across the three sites of the health board. In this presentation I will share the unit successes the most recent being a high percentage of successful vaginal births after a cesarean section.

CONCLUSIONS

Through strong leadership, effective communication and partnership working, it is possible to establish a safe and private midwifery led space for women to birth their babies alongside a consultant led unit.

KEY MESSAGE

Strong and effective leadership is key to establishing effective midwifery led services.

Good communication and partnership working with women and key stakeholders is essential to the success of an alongside midwifery led unit.

ICMBALI-1543 - How do we measure labor pain in Japan?

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BACKGROUND

The Numeric rating Scale (NRS) is a commonly used unidimensional pain assessment tool to measure labor pain. However, women frequently perceive unimaginable pain and the severity of pain progressively reach the upper limit of the NRS. We are always not able to currently assess those in labor who go over the worst pain imaginable.

OBJECTIVES

The aim of this study was to assess unimaginable and severe labor pain without pharmacological pain relief using my own original NRS-20.

METHODS

The NRS-20 is a scale with 10 points added (11–20) to the generic NRS-10, with pain worsening progressively from 11–20. Level 20 represents the highest possible unimaginable pain. When women scored 10 (worst pain imaginable) in the NRS-10, we started using our own scale for assessing unimaginable pain during labor. The contractions of the uterus were assessed using a cardiotocography (CTG) monitoring. The statistical analysis was performed using SPSS 25.0. The Ethics Committees of Osaka University and Tokyo Women's Medical University approved this study.

RESULTS

Of 49 women, 24 (49.0 %) perceived pain of 11 or more. 18 (66.7 %) primiparae perceived pain that could not be imagined significantly than those among multiparae ($p = 0.006$). There were significant correlations between the first measurement point when starting to measure using NRS-20 and the second measurement point one hour later ($r = 0.53$, $p = 0.034$). Uterine contractions at two measurement points were not changed. However, 9 (38.0 %) of 24 reached and continued the rating of 20 during labor.

CONCLUSIONS

Women perceived unimaginable and severe pain during labor. The NRS-20 could have reproducibility in assessing labor pain, although it might have a ceiling effect.

KEY MESSAGE

To assess unimaginable real labor pain that women experienced during labor, we should conduct further study to improve pain assessment tools.

ICMBALI-1888 - Empowerment of first-time mothers of mistimed pregnancies through birth plans covering pregnancy to post-partum period: a longitudinal interview study

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BACKGROUND

Preparing birth plans at the end of pregnancy is routine in Japan. However, for under- supported pregnant women, long-term interactions with a midwife are important for their development (Mercer & Walker: 2006).

OBJECTIVES

This study examined maternal role acquisition for mothers of mistimed pregnancies and the role of midwifery care in empowering them.

METHODS

The study employed a qualitative case study design. The subjects were nine pregnant Japanese women who were expecting to give birth to their first child in one of four birthing centers. I conducted longitudinal semi-structured interviews regarding their birth plans and their preparation for parenthood in the second trimester, last trimester, and one month after childbirth in 2013. Audio recordings of the interviews were transcribed verbatim and data were analyzed in accordance with the KJ method.

RESULTS

Two cases were comprehensively analyzed. Mothers who became pregnant earlier than expected talked about their psychological conflicts and empowering experiences in the interviews. During the second trimester, the positive attitude of the mothers and their friends and smooth fetal development helped the mothers. In the last trimester and post-partum, the mothers felt that the continuous care and listening of the practicing midwife gave them a sense of security to become a mother.

CONCLUSIONS

To reduce the risk of fetal abuse and parent-child attachment disorder, midwife support is needed so that mothers can accept their pregnancies. Significantly, the results suggested that using the birth plan as a communication tool made it easier for mothers to talk about their thoughts about becoming mothers. As a limitation, it is not possible to generalize the findings due to the small number of cases. Further cases studies are required.

KEY MESSAGE

It is important for midwives to provide individual listening opportunities for mothers of mistimed pregnancies from early pregnancy in order to promote the process of maternal role acquisition.

ICMBALI-2037 - Partner notification for syphilis in Chile: realities from two regional health services – a qualitative case study

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BACKGROUND

Partner Notification (PN) has long been considered essential for sexually transmissible infection (STI) control, but both policies and methods of implementation vary between countries. In Chile, the provision of sexual health care has improved, and midwives are mostly involved in this care. However, syphilis is one of the most commonly reported STIs.

OBJECTIVES

Explore the role of PN in syphilis control in public health services in Chile.

METHODS

A qualitative multiple case study was designed. Different data collection methods were used: a qualitative document analysis, 20 syphilis management clinic reviews, and semi-structured interviews with 48 healthcare providers (HCPs) and 10 key informants (44 were midwives). The data were analysed using both within-case and cross-case inductive thematic analysis. Selected quotes were translated from Spanish-English.

RESULTS

Findings revealed that syphilis management has a well-organised approach, but little infection's knowledge or understanding among patients leads to a lack of PN recognition. For syphilis control, partners' management was acknowledged as critical in the guidelines and by HCPs, but no document provides comprehensive information about delivering PN. Patient referral was commonly used; however, interviewees commented that index cases do not discuss their partners easily, and gender and the socio-cultural context further impacts PN. HCPs perceived PN as an exhausting, difficult and challenging process due to public understanding of syphilis, absence of practical recommendations and health system limitations.

CONCLUSIONS

Understanding the state of current policies and practices are essential for improving PN in Chile and Latin America. Lack of clear guidelines and resources, as well as the impact that gender and socio-cultural aspects have on STI risk perceptions, should be considered to strengthen STI control at the population level.

KEY MESSAGE

PN should be recognised as an essential activity for syphilis control in Chile and midwives have a critical role, which should be strengthened from the policy and practice perspective.

ICMBALI-1391 - What are the experiences of pregnancy for women living with Inflammatory Bowel Disease?

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BACKGROUND

Inflammatory bowel disease (IBD) is a chronic condition affecting the gastrointestinal system and is an umbrella term for Ulcerative Colitis and Crohns Disease. It affects one in 250 people, with the peak onset being between 15–30 years of age. Symptoms of IBD include fatigue, diarrhoea, rectal bleeding, anaemia and associated pregnancy complications include preterm birth, low birth weight and gestational diabetes. In the absence of an established national guidance for the care of women living with IBD during pregnancy in the United Kingdom; a systematic review of the literature was undertaken to explore the experiences of pregnancy for women living with IBD.

OBJECTIVES

To gain insight into the experiences of pregnancy for women living with IBD and to gain insight into what aspects of pregnancy care positively or negatively contributed to the experience of pregnancy for these women.

METHODS

A search of selected electronic databases with combination key words was undertaken; titles and abstracts of studies were retrieved and screened to identify studies that potentially met the inclusion criteria. The full text of potentially eligible studies were retrieved and independently assessed for eligibility by two reviewers. Critical Appraisal Tools were used to assess the quality and evidence synthesis from included studies.

RESULTS

Themes identified are timing of diagnosis, translation of health care professional knowledge of IBD and pregnancy into meaningful information, perceptions about IBD medication, and impact of disease activity; including symptom confusion and concerns.

CONCLUSIONS

This systematic review has highlighted women's incorrect perceptions about harm caused by IBD medications, and the negative impact this disease activity can have on the experience of pregnancy. This demonstrates the need for further research exploring the lived experiences of pregnancy for women living with IBD.

KEY MESSAGE

Women may have incorrect perceptions about harm caused by IBD medications, and the negative impact disease activity can have on pregnancy experience.

ICMBALI-1514 - How continuity of care and carer in antenatal care provides a positive pregnancy experience for women: a systematic mapping review

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BACKGROUND

Providing continuity of care throughout pregnancy may assist women to build trust with their carer, and foster effective communication and psychosocial support. This process of care has not been well established in the Thai context. Exploring existing evidence of how continuity of care has been provided can confirm its importance.

OBJECTIVES

To develop a map of the existing knowledge about the provision of continuity of care and carer in midwifery to improve the use and quality of antenatal care in Thailand.

METHODS

By using relevant keywords/search terms such as continuity of care, midwife-led antenatal care, and pregnant women, seven databases were searched to gather the literature published in English from January 2011 to June 2020. The PRISMA flowchart demonstrated the search strategies used.

RESULTS

The initial search identified 643 papers; 464 were excluded as duplicates. Detailed examination of the remaining 179 papers excluded 149 papers because they did not meet the selection criteria. The 30 remaining papers were appraised for quality and included in this review. Six main themes were identified; building trust relationship towards care; incorporating values of respectful/woman-centred care; learning about the challenge to develop interpersonal relations; making decisions about this care; improving mental health care; and benefiting from a positive pregnancy experience.

CONCLUSIONS

The framework for continuity of care is a crucial direction in the care for women. It points to how this care is provided to women and how it helps women have good outcomes. Future research for implementing continuity of care is established so that this care can be evaluated for its appropriateness and to establish/inform policymakers in Thailand.

KEY MESSAGE

Key processes for midwifery are building trust, effective communication/respecting women's capacity. The results may help to perform interventions regarding continuity of care for Thai pregnant women. They may guide the implementation of continuity of care in other similar contexts.

ICMBALI-1342 - The relationship between anomalies of the fetal rotation and unsymmetrical pelvic of pregnant women

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BACKGROUND

Midwives care pregnant women to adjust unsymmetrical state of pelvic in Japan. But there is no evidence whether unsymmetrical pelvic of pregnant women is related with abnormal labor such as obstructed labor or anomalies of the fetal rotation.

OBJECTIVES

We examined the relationship between abnormal labor and unsymmetrical pelvic of pregnant women using original instrument.

METHODS

We recruited 94 pregnant women with normal condition and expected vaginal delivery at full-term. The position of infants were cephalic presentation just before labor. We devised original instrument to evaluate unsymmetrical state of pelvic. We collected the delivery information through birth records. PASW Statistics version 25.0 for Windows (SPSS Inc., an IBM company) was used for these analyses. We received approval for this study from the ethical committee of the Kanazawa University.

RESULTS

We analyzed the relationship between abnormal labor and unsymmetrical pelvic of 76 pregnant women. The turnaround time of the second stage of labor in multiparous with unsymmetrical pelvic was significantly longer in comparison to multiparous without unsymmetrical pelvic. ($p = .039$). Unsymmetrical pelvic was significantly related to anomalies of the fetal rotation. We showed the relationship between anomalies of the fetal rotation with body weight of newborn infant (OR:16.92, $p = .034$), body mass index of pregnant women before birth (OR: 9.39, $p = .007$) and unsymmetrical pelvic (OR: 5.20, $p =. 043$).

CONCLUSIONS

These results suggest that unsymmetrical pelvic could influence on the process of fetal rotation.

KEY MESSAGE

We indicate that the care is essential to adjust unsymmetrical state of pelvic in pregnant period.

ICMBALI-1065 - The relationship between individual work engagement and team work engagement of midwives working in hospitals

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BACKGROUND

In Japan, turnover of midwives has been a problem, and colleague team support is needed.

Work engagement was reported to be associated with reduced intention to leave their jobs.

OBJECTIVES

We aimed to investigate the relationship between individual work engagement and team work engagement of midwives working in hospitals.

METHODS

The questionnaire was composed of Utrecht Work Engagement Scale (UWES-J) and attributes. The UWES-J consists of a total scale and three subscales which are vigor, dedication, and absorption. The correlation was analyzed by the individual midwife and the team work engagement for each score.

The study was conducted with the approval of the Hyogo University of Health Sciences Ethical Review Committee (No. 17045).

RESULTS

Questionnaires were distributed to 146 professionals including midwives and nurses in 4 hospitals, and 64 midwives and nurses responded (43.8 %) . Among them, 54 midwives were analyzed. On average they were 33.9 (range 22–53) years of age. Means, standard deviations of work engagement total score was 2.8 ± 1.2 (vigor 2.5 ± 1.3, dedication 3.3 ± 1.4, and absorption 2.5 ± 1.3) . The correlation coefficient between individual work engagement and team work engagement of midwives was $r = 0.4$ ($p = 0.02$) in overall score. The subscales were $r = 0.4$ ($p = 0.02$) in vigor, $r = 0.3$ ($p = 0.04$) in dedication, and $r = 0.3$ ($p = 0.03$) in absorption.

CONCLUSIONS

The individual midwife work engagement was associated with colleague team work engagement of midwives working in hospitals. Our results suggested that individual work engagement may be affected by work engagement of the whole team of midwives working in hospitals.

KEY MESSAGE

Work engagement, Midwife, team, turnover.

ICMBALI-1976 - Female genital mutilation: a need for capacity building for midwives to respond to prevention and management interventions in Kenya

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BACKGROUND

Female genital mutilation/cutting (FGM/C)-a cultural practice associated with negative health impacts, abuse and violation of women/girls rights. Although its prevalence has been declining, FGM/C performed by health professionals (medicalization) mainly nurse-midwives has increased in Kenya. Reasons why families seek medicalized FGM/C and why Nurse-Midwives perform it are poorly understood.

OBJECTIVES

Understanding medicalized FGM/C among families and healthcare providers from selected communities.

METHODS

A qualitative study involving participants from Abagusii, Somali and Kuria communities conducted in Nairobi, Kisii, Kuria, and Garissa. Families with medically or traditionally cut girls, women aged 15–49 years, husbands/partners and women/men aged 50 years or older, and health providers were interviewed. A total of 45 focus group discussions, 54 in-depth interviews, and 56 key informant interviews were conducted. Data were transcribed and analyzed qualitatively.

RESULTS

Younger age, less severe and medicalized cutting are key shifts in FGM/C in the studied communities. Abagusii and Somalis practiced young age and medicalized cutting, while less severe cutting is by all communities. Medicalized FGM/C was perceived to have few health complications, shorter healing, and enables families to hide from law. To avoid arrest or sanctions, medicalized FGM/C was performed at home/private clinics. Income and the desire to mitigate health complications were cited as key reasons why healthcare providers perform FGM/C. Some participants believed that medicalization would perpetuate the practice because it was seen as form of modernization.

CONCLUSIONS

FGM/C remains prevalent in the studied communities albeit changed form and context. Increase in medicalization in some communities suggests that FGM/C interventions should be community specific and addressing key shifts in FGM/C. Results underscore the importance of enhancing capacity for health providers' about FGM/C to respond to prevention and management of FGM/C.

KEY MESSAGE

Prevention and response to women with FGM/C including medicalisation can be improved by enhancing capacity for Nurse-Midwives and the health system.

ICMBALI-1963 - Behavior analysis of the mother-infant interaction in the Still-Face situation for twins

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BACKGROUND

Still-Face situation is a method to evaluate the ability of infant to cope with the difficulties in mother-infant relations.

OBJECTIVES

We studied mother-infant interaction of a male-female twin using Still-Face situation.

METHODS

The subjects is a four-month old male and female twin. Their responds to their mother were studied in the following manner. (1) NC-1: natural correspondence for 90 seconds, (2) SF: Still-Face situation for 180 seconds, and (3) NC-2: natural correspondence again for 90 seconds. Approval of our Institutional Ethics Committee was obtained.

RESULTS

Percentages of positive affective expression in SF was 37.8 % in male and 0 % in female, and those of negative expression were 11.1 % in male and 26.7 % in female. The rate of finger sucking behavior which is supposed to be associated with feelings of self-control were 22.2 % in male and 32.2 % in female. Looking away from their mother's face was seen predominantly in female.

CONCLUSIONS

In the SF situation, the incidence of affective behaviors of infants decreased whereas that of negative ones increased. The infants were found to be susceptible to the changes of their mother's expression and tone of voice. When mother's attention was not obtained, the infants were found to show stress response and behavior of anxiety.

KEY MESSAGE

Because they were twins, this result come from the sex difference of individual personality.

ICMBALI-1945 - Assessing compliance of partograph use to monitor labour by primary rural health midwives in Eastern Highlands Province of Papua New Guinea: a best implementation project

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BACKGROUND

Partograph (or partogram) is a tool to assist in monitoring progress of labour, identifying any deviation from normal labour and highlights when to take appropriate action. It is an appropriate and inexpensive tool for midwives especially in low middle income countries (Bedwell C et al 2017) like Papua New Guinea (PNG).

OBJECTIVES

To identify labour management outcomes by assessing compliance of partograph use, and develop strategies to improve appropriate partograph use by rural primary health care midwives in Eastern Highlands Province (EHP) of PNG.

METHODS

A baseline audit was conducted in three rural health clinics of EHP by systematically reviewing the partograph used to assess progress of women in labour, informed by evidence based audit criteria regarding partograph use. Compliance was assessed, and strategies developed to improve compliance with best practice. A follow-up audit was conducted following three months of implementing strategies. Ethical approval not required as the audit was part of staff in-servicing and registered as quality improvement activity.

RESULTS

Improvements from 40 % to above 70 % in compliance with follow-up audit results compared with baseline demonstrated in relation to increased awareness of important partograph parameters and interventions, triaging and referral, and staff education. Use of WHO recommended partograph for every woman in labour increased and were available at each health clinics.

CONCLUSIONS

Inadequate knowledge and skills of the partograph parameters recording, interpretation and monitoring for progress of labour, non-availability of partograph copies, limited labour room capacity, poor lighting and limited staff numbers are factors that work against the effective utilization of partograph use among the rural primary health care midwives. The need for refresher training for rural primary health care midwives and monitoring midwifery skills performance realized.

KEY MESSAGE

Accurate partograph use in rural health clinics, women identification who require additional support and referral for higher level of care, thereby saving lives.

ICMBALI-1210 - Women's experiences of physical activity during pregnancy: an interpretative phenomenological analysis

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BACKGROUND

Healthy pregnant women are encouraged to meet the physical activity guideline of engaging in at least 150 minutes of physical activity per week. Few pregnant women choose to be physically active which may in part be due to a lack of understanding as there is little research exploring this.

OBJECTIVES

To explore pregnant women's experiences of being physically active during pregnancy.

METHODS

In-depth semi-structured telephone interviews were conducted with healthy women who had been physically active during pregnancy. Women who were either pregnant or had given birth in the last six months were recruited internationally through social media. Women from USA, Canada and the UK were interviewed by telephone and were audio recorded and fully transcribed verbatim. Data were analysed using interpretive phenomenological analysis (IPA) to identify major superordinate and subordinate themes, and to establish an overarching theme regarding the participants' experiences of physical activity during pregnancy. Ethical approval was obtained for this study.

RESULTS

An overarching theme of 'maintaining a sense of control over the body whilst balancing this with the responsibility for their baby and their own well-being' along with three major superordinate themes and seven subordinate themes emerged from the analysis. These included: (1) Listening to my body to know what to do; (2) Experience of control over my pregnant body; (3) Feeling judged for being active in pregnancy.

CONCLUSIONS

This study provides insight into these women's experiences and the meaning they attributed to their experience of being physically active during pregnancy. This includes the reasons why these women chose to participate in physical activity during pregnancy, and how they successfully maintained this.

KEY MESSAGE

Recommendations will be made about how midwives might support pregnant women to be physically active during pregnancy, including strategies to help women overcome challenges and resolve tensions.

ICMBALI-1483 - Postpartum care in Japan: comparison of ordinance-designated cities and local cities

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BACKGROUND

In Japan, support after childbirth is insufficient due to the increase in nuclear family households.

OBJECTIVES

This study aims to analyze the current state of postpartum support provided by the Japanese government to enhance midwifery care.

METHODS

Web and literature review were conducted from December 2018 to April 2019. The prevalence of postpartum care, the number of births, and the percentage of nuclear family households were surveyed in 71 cities in 28 prefectures. Additionally, the type of postpartum care, the period of availability, available days, and the fee were investigated in cities where postpartum care was available. Ethical consideration was unnecessary, because the open information was used.

RESULTS

Postpartum care was provided in 85.0 % (17/20 cities) of ordinance-designated cities and 67.3 % (35/52 cities) of local cities. In ordinance-designated cities, the number of births was low and the percentage of nuclear family households was high in cities where postpartum care was not available. In contrast, among local cities, the lowest rates of postnatal care were in the Tohoku region (50 %), where both the number of births and the proportion of nuclear family households was low. Åddditionally, there were 3 types of postpartum care(accommodation, day care, outreach). The most common type was a combination of accommodation and day care (38 %). The period of availability ranged from 1–7 days (the most common is 7 days), and the age of available ranged from immediately after birth to 6 months (the most common is under 4 months old). Fee varied by city: fixed amount, set for each facility, determined by household income.

CONCLUSIONS

Regardless of population size, cities with fewer births tended to lack postnatal care. There was no unified postpartum care service, and it was left to each city.

KEY MESSAGE

No matter where the mother and baby live, midwives need to provide support that meets their needs.

ICMBALI-1473 - Breastfeeding support for the prevention of type-2 diabetes among women with gestational diabetes mellitus: a cross-sectional survey into hospitals in Japan

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5 *Global Health Care and Midwifery, Graduate School of Nursing, Japanese Redcross College of Nursing, Tokyo, Japan*

BACKGROUND

Despite the benefits of breastfeeding for women with Gestational Diabetes Mellitus (GDM) and their infants, breastfeeding is less likely to be performed by this group. There is limited evidence on the practice of health professionals in supporting GDM women to breastfeed in hospitals across Japan.

OBJECTIVES

To examine service provision and support by health professionals for GDM women in relation to the breastfeeding promotion.

METHODS

A 60-item questionnaire survey was developed to investigate diagnosis and management practices for GDM women. This survey included 18 questions on breastfeeding support in hospitals. The questionnaire was sent to all 1046 hospitals facilitating childbirth in Japan. The 18 questions examined breastfeeding support practice and barriers to successful breastfeeding among GDM women. This study was approved by St. Luke's International University Ethics Board.

RESULTS

All 296 respondents were included in this study. Regarding hospital facilities, although 82.0 % of the respondents have outpatient breastfeeding consultations and 70.4 % offer midwife-led antenatal check-ups, only 11.6 % have birth centers. Regarding service provision, in 73.1 % of the respondents, GDM women received consultations from midwives on GDM self-management. During antenatal midwife consultations, 95.2 % of the respondents provided general information on breastfeeding to GDM women. However, the benefits of breastfeeding for preventing type 2 diabetes were addressed by only 49.0 %. Likewise, although follow-up services (e.g., telephone support or breastfeeding consultations) are conducted in 88.9 % of hospitals, only 56.2 % inform about the risk of developing type 2 diabetes after GDM. Moreover, only 50.7 % of hospitals inform that breastfeeding decreases this risk.

CONCLUSIONS

In Japan, general breastfeeding support is sufficient. However, the risk of type 2 diabetes following GDM and the benefits of breastfeeding to prevent this are insufficiently communicated to GDM women.

ICMBALI-1107 - Strengthening midwifery using peer to peer training and support across low-and-middle-income-countries: a unique approach to sharing midwifery skills and knowledge

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BACKGROUND

Across the globe too many mothers and babies suffer from preventable illness and death and 99 % of these deaths occur in low-and-middle-income-countries. Many of these deaths are preventable with good quality health care (WHO 2015). Chad has one of the highest maternal mortality rates in the world at 1,200 per 100,000 live births (WHO, 2016). The Centre for Maternal and newborn health has developed a competency based 5 day ANC/PNC workshop that aims to provide women and their newborns with respectful, individualized, quality care during and after pregnancy. The workshop was implemented in Togo with Togolese midwives facilitating learning throughout the course. These Togolese midwives then traveled to Chad to roll out the programme using a peer-to-peer, south-south model of sharing midwifery skills and knowledge.

OBJECTIVES

Our aim is that there is a mutually beneficial sharing of knowledge between midwives using a south-south sustainable model of learning in an enabling environment.

METHODS

Togolese master-trainer midwives trained and rolled out the workshop in Chad. This unique sharing of south-south midwifery skills and experiences ensured that the workshops were country-specific and highlighted the sustainability of the project with in-country Master Trainers taking ownership of the project as soon as possible.

RESULTS

The midwives from Togo brought with them a wealth of knowledge in maternal newborn health care and prior experience of the programme, that had already been rolled out in Togo. Their skills, patience and hard work were respected by all Chadian participants on the course, including midwives, doctors and key stakeholders.

CONCLUSIONS

This south - south peer-to-peer approach to competency-based training helps to build capacity and empowers midwives in low-and-middle-income-countries (LMIC).

KEY MESSAGE

Peer-to-peer teaching among midwives encourages collaborative working and sharing of knowledge across different settings leading to improved midwifery skills and quality care for women and their newborns during and after pregnancy in LMICs.

ICMBALI-1135 - Evaluation of the implementation of a new model of clinical supervision for midwives in Scotland

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BACKGROUND

Midwives worldwide are affected by workplace stressors including work demands, lack of support from management, exposure to trauma, and emotional labour. Resilience is a vital attribute for midwives in their everyday work. Resilience training focuses on improving self-care, work/life balance and self-efficacy to reduce burnout. In Scotland, a new model of group clinical supervision, based on building resilience was implemented in 2018.

OBJECTIVES

An implementation science framework was used to explore the acceptability and feasibility of the new clinical supervision model; to describe how it has been adopted; to establish how appropriate it is; and to identify if it has been implemented as intended.

METHODS

A two-phase qualitative case study comprised 10 semi-structured interviews with midwifery managers, 18 in-depth interviews with midwives and five non-participant observations of clinical supervision sessions to understand the experiences and views of participating midwives. Data were analysed using the framework method.

RESULTS

Results focus on the extent to which midwives perceived the new model meets their support and development needs and contributes to high quality care. Three major issues were highlighted: 1) there was insufficient time and resource allocated to delivering the new supervision model; 2) consequently it was difficult for midwives to build trust in clinical supervision sessions as they often participated in one group session per year; and 3) therefore midwives perceived clinical supervision as a 'tick-box' exercise rather than a resilience-building process for support and development.

CONCLUSIONS

Group clinical supervision is a promising intervention but requires sufficient investment to build trust and resilience to meet the support and development needs of midwives.

KEY MESSAGE

Group clinical supervision is a promising intervention but requires sufficient investment to meet the support and development needs of midwives to provide high quality care.

ICMBALI-2058 - Determinants of choice of place of delivery among women of child bearing age in Cross River State, Nigeria

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BACKGROUND

Maternal and child morbidity and mortality in Nigeria are among the worst in the world, contributing about 10 % of the global burden of death. A vital maternity care index for pregnant women is safe delivery services. To achieve MDGs 5 of reducing ¾ maternal mortality ratio, pregnant women are encouraged to use ante-natal care services and deliver in health facilities. This study was conducted in Cross River State, Nigeria to identify factors determining place of birth among women of childbearing age.

OBJECTIVES

To determine pregnant women's choice of place of delivery after attending antenatal care in hospital?

METHODS

This cross sectional mixed method study used multistage sampling technique to select 574 respondents. Quantitative data was collected through a 32-item structured questionnaire while Focus Group Discussions (FGDs) was used to collect qualitative data. Quantitative data was analyzed using SPSS version 20 and hypotheses tested using chi square statistical method. Qualitative data was thematically described and analyzed

RESULTS

Findings of this study showed that although 56.97 % respondents lived less than one kilometer to health facilities, cost of delivery charges (X2 cal = 26.125, X2 tab = 7.82. df = 3, P > 0.05), religious belief and faith (X2 cal = 24.564, X2 tab = 7.82, df = 3, P > 0.05) and Method of delivery (X2 = 48.077, X2 tab = 7.82, df = 3, P > 0.05) significantly influenced respondents' choice of place of delivery. FGDs results corroborated with chi square findings on the same variables as strong determinants for choice of delivery places.

CONCLUSIONS

Findings of this study showed that cost of delivery, method of delivery and religious beliefs were strong determinants of delivery place. Community sensitization and health education of pregnant women and their significant others on choice of delivery site was strongly recommended.

KEY MESSAGE

Socio-cultural factors are strong determinants of place of delivery.

ICMBALI-2125 - Survey into regarding disaster prevention awareness among mothers raising infants

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BACKGROUND

The Great East Japan Earthquake which hit Japan on March 11, 2011 had tremendous impacts all around the world in various ways. Especially in terms of supplementing and promoting disaster prevention measures, many important issues have been raised. In Japan in 2013, the Japanese government placed infants as those requiring support during disasters, and made explicit statements about improving and promoting disaster prevention measures in households raising infants. It has been reported that many people regardless of their own disaster experience have taken an interest in disaster prevention and starting making preparations, but there is nothing regarding the process which led people to this awareness.

OBJECTIVES

The purpose of this study is to clarify the process which mothers raising infants implement the disaster prevention measures.

METHODS

A semi-structured interview was given to the participants (20 mothers nursing children age 3 to 12 months old). The contents consisted of the details of the disaster prevention, the cause that led them to disaster prevention measures, their thoughts on the implementation of disaster prevention measures. A Berelson.B content analysis was utilized on the contents and the meanings of the stated expressions were categorized. This research was conducted with the approval of the university research ethics committee.

RESULTS

Four common factors governing the behavior of mothers' thoughts toward the implementation of disaster prevention were [anxiety], [necessity], [self-responsibility], and [financial awareness]. Additionally, [desire to avoid reliance on others] and [government being unreliable] were presented as two motivating factors behind disaster prevention.

CONCLUSIONS

These points of view imply that increasing awareness that promotes the implementation of disaster prevention and support which promotes transitions in restrained awareness are effective for midwife education.And midwives think that it is necessary to have a relationship that demonstrates its expertise along with these viewpoints.

KEY MESSAGE

Disaster Prevention, Awareness, Mother, Infant.

ICMBALI-1442 - Co-design of an intervention to improve breastfeeding support for women who are overweight or obese

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BACKGROUND

Breastfeeding is an early intervention which offers many health benefits, including reduction of maternal postnatal weight retention and protection against child obesity. However, evidence shows women who are overweight or obese are less likely to start breast-feeding, and more likely to stop early. Midwives and health visitors may not feel sufficiently skilled or able to access appropriate guidance to support these women to breastfeed.

OBJECTIVES

To co-design an intervention to empower midwives and health visitors to support women with pre-pregnancy Body Mass Index (BMI) ≧ 25 to commence and continue to breastfeed successfully.

METHODS

Experience-Based Co-Design (EBCD), a participatory research approach, brought women and clinicians together to co-design an intervention to improve breastfeeding support. EBCD processes, undertaken in 2017–2019, included (1) observations in maternity settings, (2) interviews with 15 women identified with obese or overweight BMIs at antenatal booking, interviews with 10 midwives and 6 health visitors, (3) three workshops with women and clinicians to co-design the intervention drawing on interview findings.

RESULTS

Issues identified included (1) breastfeeding difficulties and support needs of women with higher BMIs (2) barriers to providing and receiving support (3) views on potential interventions which could support women to breastfeed for as long as they wanted to. A co-designed intervention as the result of the EBCD approach will be presented.

CONCLUSIONS

Planned, tailored support for women with higher BMIs for breastfeeding and reduction of maternal and childhood obesity are public health priorities in the UK. The intervention described offers insight into how midwives, health visitors and women can work together to tackle this important health area.

KEY MESSAGE

- BMI was not always regarded as a factor which could affect breastfeeding outcomes.
- Clinicians' time pressures and excessive workload were prominent barriers to providing g support.
- A co-designed intervention addressed a gap in breastfeeding support provision.

ICMBALI-1253 - Developing family empowerment program at transition from NICU to home in Japan

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BACKGROUND

Japanese annual births has decreased in recent years, with the year 2018 reporting the lowest in Japanese history, however, improved survival of extremely ill infants led to an increase in medically-dependent infants and children post-discharge from NICUs. It is important for the "Family Empowerment" that nurses and midwives draw out family power from family members during NICU hospitalization.

OBJECTIVES

To development of Family Empowerment Program at transition from NICU to home in Japan.

METHODS

A total of 12 nurses and midwives currently employed by one Japanese NICU, who also participated in the home care of medically-dependent children after June 2012 were interviewed using a semi-structured interview questions. Qualitative data analysis method was used.

RESULTS

We found three nursing elements which were extracted before NICU discharge for Family Empowerment to the home care of medically-dependent children. These included: 1) building a home living environment with the family, 2) connecting multiple occupations, and 3) sharing nursing care with community public health/home-health nurses and midwives. Furthermore we found five nursing elements which were extracted NICU discharge for family empowerment to the home care of medically-dependent children. These included: 1) supporting reconstruction of home life, 2) promoting attachment formation with children, 3) supporting growth and development of children, 4) supporting parent transition process and 5) sharing nursing care with community public health/home-health nurses and midwives.

CONCLUSIONS

I would like to verify Family Empowerment Program at transition from NICU to home in the future.

KEY MESSAGE

It is important to support family to change the situation so that the family can exert their abilities while trusting the family and family nurses and midwives' abilities.

ICMBALI-1141 - Exploring midwives experiences of attending a traumatic birth in tertiary hospital, Northern Nigeria: a grounded theory study

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BACKGROUND

Midwives have been reported as experiencing higher levels of stress, compared to other healthcare professionals. In the case of developing countries, this is increased by dealing with maternal and infant death. The Nigerian context of high maternal and infant mortality, shortage of midwifery workforce and busy hospital environment justified conducting this study in order to better support midwives and improve staff retention. A distinct gap in the literature about midwives' experiences of workplace adversity and resilience in Nigeria forms the justification for this study.

OBJECTIVES

This PhD study was to explore midwives' experiences of workplace adversity and resilience in tertiary hospitals of Northern Nigeria.

METHODS

This study used a constructionist-grounded theory approach. Interviews and field notes were used as tools for data collection. Ethical approval was granted from all necessary institutions. Thirty-four interviews were conducted with purposive and theoretical samples of midwives across two tertiary institutions. Data analysis was through grounded theory methodology.

RESULTS

This paper focuses on findings related to midwives' experiences of attending a traumatic birth and how they coped with this phenomenon using resilient responses. Given the Nigerian context of high maternal and infant mortality and the paucity of literature on midwives' experiences of witnessing trauma in the midst of other workplace stressors, this paper makes an original contribution to knowledge. Participants described their involvement in traumatic birth experiences, and feelings of responsibility, guilt and a sense of failure were common. The various ways they coped included drawing on social support, debriefing among colleagues, and professional detachment.

CONCLUSIONS

This is the first study to explore midwives experiences of traumatic birth and resilience among Nigerian midwives.

KEY MESSAGE

Findings are particularly relevant to those in low income countries where mortality rates are high. They provide new insights to inform education, practice and equip midwives about how to cope following a traumatic birth.

ICMBALI-1900 - Community knowledge, attitudes and practice surrounding pregnancy health in Australia

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BACKGROUND

Pregnancy is thought of as a "teachable moment" where women often make healthy changes to optimise the health of their baby. Information about healthy pregnancy is available through multiple sources.

OBJECTIVES

Our study aimed to assess understanding of pregnancy health and preferences for provision of information in pregnant women.

METHODS

A web-based survey was designed to assess knowledge, attitudes and practice related to pregnancy health. The survey included a mix of open and closed ended questions plus demographic data including validated scales of social support and self esteem. Knowledge questions were based on the recently updated pregnancy care guidelines. Attitude and practice questions related to pregnancy risks, preferences for provision of healthy pregnancy information as well as any actions taken to improve pregnancy health. The survey was distributed through selected pregnancy websites, facebook and local networks including Perinatal Society of Australia and New Zealand (PSANZ) and Australian College of Neonatal Nurses (ACNN).

RESULTS

Of 606 respondents, 133 were currently pregnant. 79 % stated it was important to talk totheir healthcare provider about risks of pregnancy including preterm birth and stillbirth. 67 % had taken 2 or more actions to prepare for pregnancy. Although the most commonly used sources of pregnancy information were the internet, social media and mobile applications, if women wanted to find out more about their pregnancy they would prefer to see their GP, obstetrician or midwife.

CONCLUSIONS

There is relatively high public awareness about pregnancy health however women need further education about outcomes related to weight particularly in regards to stillbirth, miscarriage, the link with cardiac health, mode of delivery and breastfeeding. There is a preference to recieve information via technology however would prefer it to come from trusted care providers.

KEY MESSAGE

As clinicians we need to engage in technology to provide credible, endorsed and trusted information to women.

ICMBALI-1431 - Developing video teaching materials to prevent sexual violence in Japan

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3 *Saga Prefectural Center, General Countermeasure Against Domestic Violence, Saga-City, Saga, Japan*

BACKGROUND

The World Health Organization has recognized intimate partner violence and sexual violence as a significant international health and human rights issue.

OBJECTIVES

Evaluation of education using video teaching materials to prevent Japanese youth from becoming perpetrators or victims of sexual violence from friends or partners found in the community or on the internet.

METHODS

A survey was conducted at three high schools and four universities from June 2018 to March 2019, after approval from the institutional head (principal or president). The survey targeted a total of 1337 students, consisting of high school students and university freshmen and sophomores. It was conducted before and after viewing the educational DVDs. The following categories developed by Ball were investigated: scales for the attitude toward physical/emotional violence and healthy conflict resolution (20 items), dangerous attitude toward sexual violence from a partner found in the community or on the internet (5 items), and attitude toward prevention of sexual violence (5 items). This study was approved by the Research Ethics Committee of the Japanese Red Cross Kyushu International College of Nursing.

RESULTS

A total of 876 students (collection rate: 65.5 %) consented to the study and participated in the survey. Among them, 837 students completed the questionnaire before and after video education (effective response rate: 95.5 %). Compared to before education, significant improvement of the following items after education was shown by the paired *t*-test: attitude toward physical violence ($P < 0.001$), attitude toward emotional violence ($P < 0.001$), healthy conflict resolution ($P < 0.001$ each for empathy, assertiveness, discussion, and attack avoidance), dangerous attitude toward sexual violence from a partner found in the community or on the internet ($P < 0.001$), and preventative attitude toward sexual violence ($P = 0.001$).

CONCLUSIONS

This survey conducted in several Japanese high schools and universities suggested that video teaching materials were effective for preventing sexual violence.

KEY MESSAGE

Education for prevent violence.

ICMBALI-1995 - Exclusive breastfeeding and weight of newborn on discharge

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BACKGROUND

Child birth is a joyous moment for the mother, couple and also to the family members as a new member has entered into the family. A newborn takes a transition and this period the baby needs to adjust the various environmental stimuli. Breastfeeding has played a vital role as it is proven to have an immune power in newborn and thus exclusive breastfeeding should be promoted among all postnatal mothers. Exclusive breastfeeding reduce infant infectious diseases. The newborn baby may lose about 10 % birth weight in the first few days.

OBJECTIVES

1) Determine the birth weight of newborn through records and on discharge.
2) Find an association on weight of the newborn on discharge with selected demographic variable.
3) Correlate exclusive breast feeding with weight of new born.

METHODS

Descriptive research design was adopted on 100 postnatal mothers. Exclusive breastfeeding practice checklist by WHO and weight of newborn was assessed. Descriptive and inferential statistics were applied.

RESULTS

- 96 % of the babies were having a good response with the exclusive breastfeeding where the P value was 0.014. 94 % of the babies had improved their emotional bonding with the mother through exclusive breast feeding on day 2, the P value indicates 0.044.
- Majority of the women 43 (43 %) were the age of 26–30 years, 58 % were multis, 87 % had normal delivery. 54 % were female babies. 44 % of newborns were having birth weight between 2.5–3 kg. 92 % of babies had no jaundice.
- There is significant difference between exclusive breastfeeding and weight of newborn.
- There is a significant association between weight of newborn and selected demographic variables.

CONCLUSIONS

There is a significant difference between exclusive breastfeeding and weight of newborn. There is also a significant association between the weight of newborn and selected demographic variables.

KEY MESSAGE

Exclusive breastfeeding, Weight of newborn.

ICMBALI-2137 - Early intervention to support wellbeing of vulnerable women and their children

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BACKGROUND

Inequality in health can have crucial influence on a child's opportunities later in life. Children who experience emotional or physical neglect have a higher risk of developing psychical or mental problems. Interventions to support vulnerable pregnant women are needed to give children and families better lives.

OBJECTIVES

The aim is to examine if an early and coordinated intervention to vulnerable pregnant women consisting of 1) a support person 37 hours during pregnancy and 10 hours each year until school age, and 2) a mentalization-based course to support the mother-child attachment, can improve maternal mental health, reflective ability, and reduce parental stress and depression. Furthermore, the aim is to explore how participants and caregivers experience the intervention.

METHODS

Part 1: A prospective randomized controlled trial with two study arms. Pregnant women are randomized to receive either the intervention or care as usual. Part 2: Two qualitative studies (a case study and focus group interviews) focusing on the women's and caregiver's experience of the intervention. The study has obtained approval from the committee of Health Research in the Region of Southern Denmark.

RESULTS

The study is ongoing. Preliminary findings from the qualitative case study will be presented at the conference.

CONCLUSIONS

Findings from this study will generate important and useful information about vulnerable pregnant women and their children. Furthermore, findings about the effect of the intervention are important when future initiatives to reduce inequality in health are planned.

KEY MESSAGE

Interventions to support vulnerable pregnant women are needed to give children and families better lives.

ICMBALI-1634 - Midwives moving with women: midwives facilitation of positions and techniques during labour and birth

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BACKGROUND

Despite support for mobilisation and upright positions for labour, women are often expected to be in a supine or lateral position in bed. This predispose women to a longer and more challenging birth with an increased incidence of perineal trauma and dissatisfaction with their birth experience Bodner-Adler et al 2003).

OBJECTIVES

To explore midwives' experiences of using positions and techniques to support women in labour and birth in a tertiary obstetric hospital in Ireland.

METHODS

Qualitative descriptive study, using semi structured interviews with eight midwives.

RESULTS

Midwives facilitated a variety of positions and techniques to enable physiological birth, in particular when they encountered labour dystocia. These varied from the use of Peanut Balls, techniques such as the Rebozo and 'side-lying release' position as suggested in the "Spinning Babies" concept to lateral and kneeling positions. Midwives expressed that the facilitation of various techniques and positions during the labour and birth, regardless of birth outcome, was associated with a better birth experience for women.

CONCLUSIONS

Facilitating women to use positions and techniques during labour and birth empowered midwives who felt reconnected to their professional identity. There is evidence to support the use of these -techniques and positions for women during labour and birth (IversenLangeland et al, 2016, Roth et al 2016, Zhang et al 2017).

KEY MESSAGE

Midwives reported that facilitating women to use positions and techniques could support normal physiological labour and birth and improve womens birth experiences. Challenges were identified but the midwives were motivated to contribute to policy making, participating in further research and utilising their environment and training to support women to mobilise and use various positions during labour and birth.

ICMBALI-2165 - Enabling midwives to improve quality of newborn care in South Wollo zone, Ethiopia

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BACKGROUND

Save the Children, with funding from Johnson & Johnson, implemented the "Strengthening Facility-Based Newborn Care (FBNC)" project to contribute to the Saving 100,000 Babies Initiative in Ethiopia from 2016–2018. The goal was to enable front line workers improve the quality of newborn care services at 132 public health facilities in the South Wollo Zone.

OBJECTIVES

We are sharing the contribution of midwives and their perceptions in improving the quality of newborn care and clinical outcomes eleven months pre-intervention (2015) and eleven months on the final year of the intervention (2018). We used both quantitative and qualitative survey design for the evaluation.

METHODS

We trained 475 frontline workers (> 70 % Midwives) on Helping Babies Survive package and Quality Improvement approaches, provided clinical mentoring, supportive supervision, and supplied limited equipment and supplies to fill gaps. We analyzed 11 months of newborn data from the same 49 health facilities, for the year 2015 and 2018, and compared outcome of interest.

RESULTS

While the overall stillbirth rate did not improve (18 % vs 20 %), ten high volume health facilities showed a decrease in stillbirth rates (56.5 % vs 37.7 %). Neonatal deaths among resuscitated asphyxiated newborns decreased from 7.8 % to 5.7 %. Newborn post-natal care visits (48 hours) increased significantly by 21,759 from 4,528. More babies were treated for PSBI (97.7 % – 99.2 %), with a decrease in deaths among newborns treated for PSBI (11 % to 7 %). Interviews revealed that clinical mentorship helped to reinforce the skills of health workers and empowered them to address gaps in service delivery to improve service quality.

CONCLUSIONS

Capacity building and enabling environment are crucial for strengthening front line workers motivation and Clinical skills to improve newborn health outcomes.

KEY MESSAGE

Frontline workers and particularly midwives are critical component of improving newborn health services in limited resources countries.

ICMBALI-2243 - Weighing the future: midwives' perspectives on the optimal care of women with a high BMI

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BACKGROUND

A substantial body of obstetric research is highlighting the contribution of maternal overweight and obesity to the occurrence of adverse pregnancy and birth outcomes (see for example Yang et al. 2018). The consensus in this literature is that effective interventions to reduce the prevalence of overweight and obesity should be introduced into routine maternity care placing midwives on the frontline of maternal obesity management. However, limited research has examined how midwives view the relationship between high BMI and pregnancy outcomes, and their role in the weight management of pregnant women.

OBJECTIVES

This qualitative study collected midwives' views on maternal obesity and the care of women with high BMI. The research aims to ensure contemporary knowledges about, and practices aimed at addressing, maternal overweight and obesity are informed by midwifery-specific epistemologies and practice wisdom.

METHODS

Small focus-groups and semi-structured face-face interviews were under-taken with > 20 midwives working across a range of practice settings in Aotearoa New Zealand. Midwives were asked to explore:

Their understandings of the relationship between high maternal BMI and pregnancy outcomes.

How they work with women with high BMI and their feelings about, and use of, policies and guidelines related to maternal obesity.

Interviews were transcribed, and analyzed using thematic analysis (Braun & Clarke, 2013) and informed by a feminst poststructural theoretical framework (Bacchi, 2012).

RESULTS

Midwives questioned their role in the management of maternal obesity. The dynamic of weight stigma and discrimination in maternity care and its harmful effects on women was emphasized. Participants also questioned the iatrogenic role of medicalisation in compounding the adverse outcomes associated with maternal oobesity. Midwives generally felt that they lacked the skills to communicate sensitively with women about their weight.

CONCLUSIONS

Contemporary obstetric knowledges about maternal obesity are partial.

KEY MESSAGE

Midwifery-specific epistemologies and practice wisdom should inform the care and management of women with high BMI.

ICMBALI-1297 - Domestic violence and perinatal outcomes – a prospective cohort study from Nepal

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BACKGROUND

Domestic violence is one of the most common forms of violence against women. Domestic violence during pregnancy is associated with adverse perinatal and maternal outcomes.

OBJECTIVES

To assess whether domestic violence was associated with mode of delivery, low birthweight and preterm birth in two sites in Nepal.

METHODS

In this study we consecutively recruited 2004 pregnant women during antenatal care at two hospitals between June 2015 and September 2016. The Abuse Assessment Screen (modified) was used to assess fear and violence. Having ever experienced either fear or violence was defined as any domestic violence. Obstetric outcomes were obtained from hospital records for 1381 (69 %) women(singleton), Mode of delivery was assessed as birth by cesarean section or not. A birthweight of less than 2500 g was defined as low birthweight and preterm birth as birth before completion of 37 weeks gestation. Descriptive and multiple logistic regression analyses were performed to assess associations.

RESULTS

Twenty percent of the women reported any domestic violence, and 37.6 % gave birth by cesarean section. Of those women who delivered by cesarean section, 84.7 % had an emergency cesarean section. Less than 10 % of the babies were born prematurely and 13.5 % were born with low birthweight. We found no significant association between exposure to any domestic violence during pregnancy and risk of a low birthweight baby or birth by cesarean section. However, having experienced both violence and fear was significantly associated with giving birth to a preterm infant [aOR 2.33 (95 % CI;1.10–4.73)].

CONCLUSIONS

Domestic violence is a potential risk factor for severe morbidity and mortality in newborns. The risk of having a preterm baby was higher for pregnant women who experienced both fear and violence.

KEY MESSAGE

Evidence-based knowledge about effects of domestic violence (DV) on pregnant women is important to improve the capacity of midwives working in antenatal care to respond to DV.

ICMBALI-2147 - Causes of the first caesarean sections in a population of pregnant women in the reproductive age: recognizing unnecessary caesarean sections

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BACKGROUND

Chile has one of the highest cesarean section (CS) rates in OECD countries. The first unnecessary CS should be avoided as one of the most important strategies reported to decrease the high rate.

OBJECTIVES

To identify the main causes of the first CS in primiparous women in the reproductive age in Chile, for the approach of prevention strategies of unnecessary CS.

METHODS

Transversal descriptive study in 311 primiparous women who delivered between January and August 2015 in a clinical hospital in Santiago. Data were from a clinical record and an applied inquest, with an informed consent form. The variables were age, type, and cause of indication of CS.

RESULTS

The average age of primiparous women with CS was 24.6 years. 18.6 % were teenagers. According to the type of CS; 11.8 % had an elective caesarean section (ECS) and 88.2 % emergency caesarean section (UCS). The main indication for ECS was cephalic pelvic disproportion (CPD) with 24.3 %. Of these cases, just 55.5 % had foetus macrosomia. 18.9 % had presentation dystocia, 13.5 % sexually transmitted infections, and 8.1 % were a twin. Of the women with UCS, the main cause was stationary dilatation 62 (26.4 %) and 24 CPD (10.2 %). Just 4 cases had CPD, with 4 kilos and more weight.

CONCLUSIONS

Although the main causes of CS in primiparous women are CPD, accurate causes of CPD are low. It is necessary to investigate the mechanisms of developing of stationary dilation related to labor in Chilean population. The foregoing, mainly, because there is support from midwives in this process.

KEY MESSAGE

Emphasize the importance of correctly diagnosing of CPD to avoid unnecessary CS. The education and empowerment of women should be reinforced in the capacity to give birth. The adequate accompaniment of women in labor is essential for the prevention of cesarean sections. Midwives are the best-trained professionals for the accompaniment of women.

ICMBALI-1946 - Effectiveness of hoffman's execrise on successful breast feeding among mothers with non-protractile nipples admitted in postnatal wards of selected hospital of Belagavi, Karnataka

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BACKGROUND

Breast feeding differs in mothers depending on various types of nipple like flat nipple, inverted nipple, larger nipple or breast act as a barrier. To maintain a good latch during breast feeding with nipple abnormalities, the Hoffman's exercise which is manual exercise that helps to treat flat and inverted nipple and is practiced regularly.

OBJECTIVES

To assess the level of successful breast feeding and evaluate the effectiveness of Hoffman's exercise among mothers with non-protractile nipples.

METHODS

Quasi experimental research design was adopted to evaluate the effectiveness of Hoffman's exercise on-SBF among 126 (63 study group, 63 control group) postnatal mothers having non-protractile nipple admitted in selected hospital of Belagavi. Purposive sampling technique was used, randomly subjects were placed in study and control group. Pre-test was conducted for both the group using standardised LATCH scale to assess successful breast feeding. Intervention (Hoffman's exercise) was administered for thrice a day for 3 days for 5 minutes for the study group and posttest was done for both the group.

RESULTS

Wilcoxon test revealed that significant gain in terms of successful breast feeding (6.84 & 1.22) respectively in post-test score in study group as compared to control group. Pre-test scores of study group and control group was compared by independent t test yielded $t = -0.87$ suggested no significant difference ($p > 0.05$). Similarly, when post-test scores of study and control group was compared after intervention in study group by independent t test yielded $t = 22.23$ which was statistically significant at ($p < 0.05$).

CONCLUSIONS

The study concluded that Hoffman's exercise was effective for post-natal mothers with non-protractile nipple.

KEY MESSAGE

Hoffman's exercise to be practiced right from antenatal period for successful breast feeding rather breast shields or syringe method as it is cost effective and will not cause any harm for mothers if use for long time and will improve breast feeding.

ICMBALI-1351 - A pilot study of a "program for promoting interactions between mothers who have undergone infertility treatment and their children" developed based on JNCAST

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BACKGROUND

We assessed mother-child interaction using Japanese Nursing Child Assessment Satellite Training (JNCAST), one month after delivery. Interactions were weaker if mothers had become pregnant after receiving fertility treatment. Thus, we developed a "program for promoting interactions between mothers who have undergone infertility treatment and their children".

OBJECTIVES

The study aimed to examine the feasibility of the program as a preliminary step toward the evaluation of its usefulness.

METHODS

The subjects were mothers and their children born in full term: the intervention group (IG) consisting of ten pairs (fertility treatment: five pairs, spontaneous pregnancy: five pairs) and non-intervention group (NG) consisting of 61 pairs (fertility treatment: 29 pairs, spontaneous pregnancy: 32 pairs). Mothers in the IG were videotaped three days after delivery, and their interactions were assessed based on the JNCAST. The higher the score, the stronger the interaction. Intervention was implemented five days after delivery, and their interactions were praised according to the assessment items of the JNCAST and reviewed positively with mothers. To examine the effects of the intervention, assessment of IG were conducted one month after delivery, and those in NG were also assessed one month after delivery. The study was conducted with the approval of the ethics committee of our university.

RESULTS

Mean scores for IG who had undergone fertility treatment and those who became pregnant naturally were 52.4 ± 6.0 and 52.0 ± 2.3 points prior to intervention, and 59.4 ± 2.6 and 58.0 ± 2.7 points following intervention, respectively. Mean scores for NG were 52.6 ± 6.0 and 57.8 ± 5.8 points, respectively. These results revealed that mean scores for IG one month after delivery were higher than those in NG.

CONCLUSIONS

Interactions between mothers who had undergone fertility treatment and their children were stronger following intervention, suggesting the feasibility of the program.

KEY MESSAGE

This program is originality and Creativity.

ICMBALI-1672 - Midwives' views and experience of home birth

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BACKGROUND

In Portugal, the home birth practice has been discussed today. The advantages and limitations of this practice, have been discussed not only by health professionals but also by the society at large. The perception of the different health professionals is crucial to promote home birth.

OBJECTIVES

To identify the midwives' views in order to the benefits and difficulties of carrying out the home birth in Portugal.

METHODS

Qualitative, exploratory and descriptive study. The sample is no probabilistic. Data were collected by semi-structured interview to 53 midwives, audio recorded, and was made Bardin' content analysis. It was assured anonymity and confidentiality of data.

RESULTS

14 midwives disagree with home birth; 2 were totally disagree and 37 agreed with home birth. Reasons to disagree: risks associated to the midwives practice and lack of security for mothers and children is held in hospitals. Home birth benefits: the labor performed family environment, to avoided aggressive hospital practices for women and child - violence obstetric. Home birth fears: lack of support system to the midwives practice and in the emergency transfer system; poorly monitored pregnancy and lack of communication between prenatal care in the community to the hospital.

CONCLUSIONS

Most midwives states that their availability and competence to carry out home birth provided with security. Also recognize the right of women to this birth option. However, point non-promoters home birth aspects: lack of health policies to support safely to its implementation, the lack of specific training, the lack of networking in the pregnant assistance and the lack of coordination of care that allows pregnant transfer in case of emergency birth. These are the priority areas for midwives to continue investigate and promote the home birth.

KEY MESSAGE

Midwives advocate for the future through effective empowerment.

Key words: Home birth; Women centered care; Midwives' views.

ICMBALI-1517 - A review of the diagnosis and treatment of occiput posterior delivery

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BACKGROUND

Rotation abnormality is a typical abnormality of childbirth, but effective methods for the timing of checks, screening, and countermeasures have not been established.

OBJECTIVES

To clarify the present situation and problems of diagnosis and treatment through a literature review on rotational malformation.

METHODS

A literature search was conducted using "Ichu-Shi Web (a Japanese medical literature database) and PubMed. Keywords were: occipito posterior position, hands-and-knees positioning. The analysis included 13 Japanese studies and four RCTs in English.

RESULTS

1. With regard to diagnosis, 1) prolonged labor is a clue for diagnosis, 2) external examination and internal examination have problems with accuracy, and combined use of ultrasound diagnosis was recommended. 2. Regarding correspondence, 1) follow-up, 2) attempted hand rotation, 3) maintenance of normality of four elements of childbirth, (1) maintenance of strength and emergency response, (2) lateral recumbent position, (3) labor pain promotion, (4) rapid success (aspiration delivery, cesarean section) – were mentioned. However, attempting to rotate by hand, and use of the lateral position, crawling position, and lying position were not effective measures. 3. In the RCTs in English, there were no significant differences from the control groups in the rate of improvement to the anterior occipital position depending on the presence or absence of the lateral position, four-fold crawling, etc. However, back pain decreased significantly and comfort improved.

CONCLUSIONS

1) During the first phase of labor, external examination, internal examination, and ultrasound diagnosis were used in combination as a screening measure to diagnose the presence or absence of rotational abnormality, 2) As correctly diagnosing rotational abnormality after a long period of time is difficult , early diagnosis is needed, and appropriate interventions should be performed, and 3) Treatment of rotational abnormality through postural correction strategies, such as hands-and-knees positioning, is not reliable.

KEY MESSAGE

Hands-and-knees positioning is not reliable.

ICMBALI-1951 - Review of studies related to paternity blues: literature review of Japanese studies versus international studies

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BACKGROUND

The term "paternity blues" is defined as a mental and physical condition that occurs in the father during the first 3 months of the child's birth. Studies of paternal postpartum depression are currently being performed in Japan. However, a review of studies on paternity blues and/or paternal postpartum depression has not been performed.

OBJECTIVES

To review Japanese and international studies on paternity blues by performing a literature review.

METHODS

A literature search was performed using PubMed and Ichu-Shi Web for a literature review with a combination of the terms "paternity blues", "paternity", OR "paternal postpartum depression". We recorded the prevalence rate of paternity blues, and the scales and risk factors used from extracted paper.

RESULTS

There were 181 relevant studies in PubMed and nine studies in Ichu-Shi Web. The incidence of paternal postpartum depression ranged from 10.4 % to 25.6 % during 1 year after birth in several overseas studies and ranged from 11.6 % to 19.4 % in Japanese studies (2012). The Edinburgh Postnatal Depression Scale for paternal postpartum depression was used in many studies. In overseas studies, the related risk factors of paternal postpartum depression included a partner with postpartum depression, satisfaction of married life, marital relationships, a young age, and being unemployed. In Japanese studies, risk factors were a medical history of mental illness, low income and unwanted pregnancy.

CONCLUSIONS

There were many overseas studies on paternity blues compared with Japanese studies. Our study suggests that surveying the current status of paternal postpartum depression in Japan is necessary, and a plan to support parents needs to be developed.

KEY MESSAGE

Is paternal "paternity blues" increasing?

ICMBALI-1652 - Providing care to families with an increased need for support: how do freelance midwives experience cooperation with family midwives?

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BACKGROUND

The care provided by a midwife during pregnancy, childbirth and postnatal period is a standard service of the German health system. The national initiative "Early Prevention" in parallel promotes the so-called family midwife model for longer-term care of families with an increased need for support, for example in cases of high parental stress or a high risk of depression. Family midwives are regular registered midwives with an additional qualification. They work as the interface between health services and child and youth welfare.

OBJECTIVES

The Ph.D project focuses on intraprofessional cooperation between freelance midwives and family midwives. The research question is: How do freelance midwives experience cooperation with family midwives?

METHODS

The qualitative study completed is based on 27 problem-centered interviews with freelance midwives in 13 federal states of Germany. Data evaluation was performed using qualitative text analysis.

RESULTS

If there is an increased need for support in the families, freelance midwives often refer to a family midwife. The cooperation exposes multiple different facets and does range from mediation and informal exchange to planned joint home visits. Whether a cooperation between freelance midwives and family midwives takes place depends on regional structures, the expected benefit of the cooperation on the part of the freelance midwives and the willingness to approach each other. The care provided by a family midwife can relieve freelance midwives in otherwise demanding settings.

CONCLUSIONS

Freelance midwives can provide a relevant contribution to a successful transition at the interface to family midwifery.

KEY MESSAGE

The teaching of cooperation-related skills in midwifery education is indispensable so that midwives are prepared for the demands of caring for women and families with an increased need for support.

ICMBALI-2094 - Effects of breastfeeding-related self-efficacy and stress on exclusive breastfeeding at 3 months postpartum

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BACKGROUND

The World Health Organization recommends exclusive breastfeeding for at least 6 months after childbirth. In Japan, however, the rates of exclusive and predominant breastfeeding during the 6-month postpartum period were reported to be only 51–54 %.

OBJECTIVES

In order to increase exclusive breastfeeding rates, we examined the effect of breastfeeding-related variables at 1 month postpartum – such as self-efficacy, breast problems, and stress levels after breastfeeding – on exclusive breastfeeding at 3 months postpartum.

METHODS

A longitudinal study was conducted in a secondary medical care center from 2017 to 2018. The study was conducted on participants at 1 month postpartum and again at 3 months postpartum. Demographic and breastfeeding-related variables, such as presence of exclusive breastfeeding and a breastfeeding self-efficacy scale, were obtained using questionnaires. Daytime salivary cortisol levels before and after breastfeeding at 1 month postpartum were measured as a biological marker for stress. A multiple logistic regression analysis was performed to examine the factors affecting exclusive breastfeeding at 3 months postpartum. The study protocol was approved by the Ethics Committee.

RESULTS

Of the 104 women (mean age = 34.0 years), 61 reported exclusive breastfeeding at 3 months postpartum. The following factors were found to affect exclusive breastfeeding at 3 months postpartum: being a multipara (adjusted odds ratio, 95 % confidence interval = 9.7, 2.1–46.0), having a university degree (5.2, 1.2–22.8), a higher breastfeeding self-efficacy scale score at 1 month postpartum (1.1, 1.0–1.1), exclusive breastfeeding at 1 month postpartum (23.4, 4.6–117.9), and a lower cortisol level after breastfeeding at 1 month postpartum (0.00, 0.00–0.02).

CONCLUSIONS

The study revealed that healthcare professionals need to develop more effective approaches to improve breastfeeding self-efficacy and reduce breastfeeding-related stress in order to increase exclusive breastfeeding rates.

KEY MESSAGE

Psychological variables regarding breastfeeding, such as self-efficacy and stress levels after breastfeeding were associated with subsequent exclusive breastfeeding.

ICMBALI-2016 - The prevalence and sustaining factors of Bonding Disorders among Japanese mothers

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BACKGROUND

There are mothers whose emotional response to their baby is delayed or missing early after childbirth in which some mothers might also have pathological anger and emotional rejection.

OBJECTIVES

The purpose of this study was to clarify the prevalence of maternal bonding disorders and their predictors at one month after delivery.

METHODS

Subjects were 20 mothers who gave birth at maternity ward in a tertiary medical institution. Interviews and questionnaires were conducted during pregnancy, and at one month after delivery. The Stafford Interview method which evaluates bonding disorders was used. The background factor, the Edinburgh Postnatal Depression Scale (EPDS), the Mother-to-Infant Bonding Scale (MIBS) were used as questionnaires. The institutional review boards of the institution approved this study.

RESULTS

Of the 20, 14 (70 %) were classified into 'Normal bonding' group, 6 (30 %) were 'Mild Disorder' group. One of 6 was 'Mild Disorder and Severe Anger (to her baby)'. There were no significant differences between the two groups in terms of delivery history, marital status, social support, and the EPDS, the MIBS score. The mother with 'Mild Disorder and Pathological Anger' had a history of childhood abuse. Five mothers with 'Mild Disorder' had experienced adolescent trauma, bereavement with parents in teens, divorce due to habitual abortion, unmarried with a partner and premature birth, and a gap between a high ideal and reality.

CONCLUSIONS

According to the results of Stafford Interview, we found 6 mothers with 'Mild Disorder'. Taking consideration of their vulnerable background, emotional and substantive support from the partners and/or their own mothers need to be given to take care of the babies.

KEY MESSAGE

This is one of the important roles of midwives to encourage and confirm that support for the mothers from close people of them in terms of perinatal mental health.

ICMBALI-1440 - Relationship between posttraumatic growth within the hospital and at one month and breastfeeding at one month after childbirth among Japanese mothers

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BACKGROUND

Only a few studies have examined the relationships between posttraumatic growth (PTG) and breastfeeding among mothers in Japan.

OBJECTIVES

The current study aims to clarify the association between PTG and breastfeeding at one month after childbirth among Japanese mothers.

METHODS

The study recruited Japanese mothers who were hospitalized after childbirth in three maternity institutes from May to November 2014. We used anonymous self-report questionnaires addressing the participants' sociodemographic characteristics, obstetrics department attributes, breastfeeding situation, and PTG. This study was conducted at two time points: Time-1, the time spent at the hospital, and Time-2, one month after childbirth. To assess the participants' PTG, we revised the Posttraumatic Growth Inventory Japanese (PTGI-J), comprising 21 items, and confirmed the validity and reliability of the PTGI-J postnatal version, comprising 17 items and three factors. Further, we proved the validity and reliability of the PTGI-J postnatal version. Subsequently, we analyzed the associations between breastfeeding at Time-2 and PTG at Time-1 and Time-2 using chi-square tests. In addition, we conducted stratified analysis based on the type of delivery. The study obtained ethical approval from the Ethical Research Committee of Nagoya University Graduate School of Medicine and permissions from the representatives of the three maternity institutes.

RESULTS

Among 446 postpartum mothers, 367 and 251 respondents completed the questionnaires at Time-1 and Time-2, respectively. Our study found that PTG is not related to breastfeeding. Stratified analysis clarified that PTG tended to increase the breastfeeding rate among 12 postnatal women who had undergone cesarean ($rs = 0.51–0.54$; $p = 0.09–0.07$).

CONCLUSIONS

Our study proved that PTG was not associated with breastfeeding. However, PTG at puerperium may increase breastfeeding at one month after childbirth among Japanese mothers undergoing cesarean.

KEY MESSAGE

Finally, this study suggests that Japanese mothers who undergo cesarean require midwifery care to enhance their PTG to achieve successful breastfeeding.

ICMBALI-0633 - Paternal psychology and independent actions aimed at opening paths for children with disabilities

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BACKGROUND

Few Japanese studies on the parents of children with disabilities have focused on fathers, as the majority have focused on mothers.

OBJECTIVES

This study aimed to shed light on the psychology and associated actions of fathers involved in raising children with disabilities, to gain insight into better methods for targeting fathers in the provision of family support services.

METHODS

One father raising a child with disabilities was administered a semi-structured interview in August 2018, and his remarks were evaluated by qualitative content analysis to characterize his parental thought processes.This study was conducted with the approval of the Sophia University Ethics Committee.

RESULTS

The father in question "felt great uncertainty about his child's future," and commented on the "large amounts of time involved in childcare responsibilities," such as hospital visits, rehabilitation activities, and managing their living environment. Nonetheless, he believed that "childcare requires hard work, regardless of whether a child is with or without disabilities."When the child was born, the father felt "disoriented about the news that the child is with disabilities ," but in time, he found "novel strategies to help others understand their disability" and "took action to improve the living environment of his children, including [the] siblings [of the child with disabilities]," along with "effort to deepen his own understanding of his child's disability." While supporting his partner's feelings, the father also acted independently, "trying out different ways to open paths for his child, to broaden their possibilities in the future."

CONCLUSIONS

As with his partner, the father of a child with disabilities felt disoriented at the time of the child's birth. In parenting, he acted independently to search for solutions while also acting in tandem with his partner,

KEY MESSAGE

Suggesting that family support services should target not only mothers but fathers as well.

ICMBALI-1495 - Adverse neonatal outcomes in parous women who migrate to a new country after the first birth: a population-based study in Norway

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BACKGROUND

With a growing proportion of migrant women giving birth in high-income countries, increased knowledge on the impact of migration on neonatal outcomes is needed. We have previously reported that migrant women who gave birth to their first baby *before* immigration to Norway had an increased risk of stillbirth in later births compared with migrant women who gave birth to their first baby in Norway. We suggested that communication barriers, not having access to documentation of obstetric history, and the practice of giving limited attention to pregnant parous women compared to first-time mothers.

OBJECTIVES

The aim was to investigate the associations between adverse neonatal outcomes (very preterm birth, moderately preterm birth, postterm birth, small for gestational age, large for gestational age, low Apgar score, stillbirth and neonatal death) and country of first childbirth in parous migrant women in Norway.

METHODS

This population-based register study included second and subsequent singleton births to women who gave birth to the second baby in Norway between 1990 and 2016. Associations were estimated using multivariable logistic regression and are reported as odds ratios (ORs) with 95 % confidence intervals (CIs).

RESULTS

Migrant and Norwegian-born women had higher odds of adverse neonatal outcomes in later births if they had their first baby before migrating to Norway compared with those who had their first baby in Norway.

CONCLUSIONS

A first birth outside Norway increases the risk for adverse neonatal outcomes in migrant and Norwegian-born parous women's subsequent births in Norway.

KEY MESSAGE

This study should perhaps foremost serve as a reminder of the importance of collecting a thorough obstetric history in a second or later pregnancy.

ICMBALI-1066 - Effectiveness of hot packing attenuating discomfort in the first stage of labor

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BACKGROUND

Hot compress was significant relieving labor pain of the women in the latent phase.

OBJECTIVES

The objective of this study was to evaluate how a home-made pebble bag for hot compress affected women's pain, comfort, tension, heart beating and blood pressure during their first stage of labor and the Apgar score of newborn.

METHODS

An experimental design was used. A total of 128 laboring women who met the study criteria, were allocated by randomization to experimental (n = 64) and control (n = 64) groups. the VAS was used to measure pain, comfort, tension, heart beating and blood pressure. Generalized Estimating Equation model was used for regression analysis.

RESULTS

The results showed that the treatment was significant relieving labor pain of the women in the latent phase before the hot compress vs. 15-minute ($p < .001$) and 30-minute ($p < .01$); in the active phase before the hot compress vs. 15-minute ($p < .01$) and 30-minute ($p < .001$); in the transition phase before the hot compress vs. 15-minute ($p < .001$) and 30-minute ($p < .05$). In addition, the treatment was significant increasing comfort of the women in the latent phase before the hot compress vs. 15-minute ($p < .01$) and 30-minute ($p < .01$); in the active phase before the hot compress vs. 15-minute ($p < .001$) and 30-minute ($p < .001$); in the transition phase before the hot compress vs. 15-minute ($p < .001$). And the hot compress could not ease tension of the women in the first stage of labor during the latent phase, active phase, and the transition phase. And the result would not affect women's heart beating, blood pressure, and Apgar score of the new born.

CONCLUSIONS

The hot compress is a convenient, simple, safe tool in relieving pain and discomfort.

KEY MESSAGE

Non-pharmacological pains relief, hot compress, labor pain, comfort.

ICMBALI-1312 - Interprofessional collaboration amongst maternity care providers across birth settings

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BACKGROUND

Interprofessional collaboration amongst maternity care providers is vital to provide effective and safe maternity care. Although some obstetricians in South Africa treat independent midwives as respected colleagues, only a small number of midwives establish an independent practice with medical back-up. In addition, midwives are sometimes met with hospitality when transferring women to public hospitals which may decrease the quality of maternity care for women who attempt to deliver at an alternative delivery setting and then need to seek assistance in a hospital due to unforeseen complications.

OBJECTIVES

The study determined current existing collaboration, identified the challenges for maternity care providers to collaboratively work together and examined the associated factors that prevents optimal collaboration.

METHODS

A quantitative, descriptive research approach was followed. Data was collected in January 2017 through an adapted and piloted self-administered questionnaire developed by Whiting for collaborative practice across disciplines. The 51 respondents consisted of maternity care providers based at hospitals and private practices in Pretoria where maternity patients are referred and transferred to. The closed-ended questions were coded and analysed statistically and the open-ended questions was organised, categorised and discussed accordingly.

RESULTS

Collaboration between maternity care providers across birth settings in South Africa is problematic due to a lack of guidelines for maternity care collaboration as well as concerns regarding legal ramifications when collaborating with providers from alternative settings. Obstetricians were concerned about the competency, scope of practice and safe practices of maternity care providers from alternative settings; delayed referral; poor communication and documentation; geographical and institutional barriers; previous bad experiences and financial challenges.

CONCLUSIONS

Collaborative practice between maternity care providers across birth settings poses challenges.

KEY MESSAGE

Maternity care providers across all birth settings should collaborate interprofessionally to provide effective and safe maternity care that will facilitate smooth transfer and continuity of care amongst birth settings and care providers.

ICMBALI-2254 - Analysis of the influencing factors related to breastfeeding in primipara with postpartum depression

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BACKGROUND

Studies showed that if we can screen out the women with high-risk factors in postpartum depression as early as possible through simple and effective methods, we can give timely treatment and intervention to prevent the occurrence of postpartum depression, which is significant to the physical and mental health of parturient women.

OBJECTIVES

The purpose of this study was to examine postpartum depression and identify its predictors of breastfeeding among primiparous women.

METHODS

A total of 208 primiparas from Dongguan Maternal and Child Health Hospital was recruited by convenience sampling. Data was collected by using the Chinese version of the Edinburgh Postnatal Depression Scale(EDPS) from July to September 2018.

RESULTS

The mean score of EDPS among primiparas was 10.69 ± 4.9, 44.7 % (n = 76) scored 9–12 points and 23.5 % (n = 49) scored more than 13 points. The bivariate logistic regression analysis revealed the variables that explained 25.7 % ($R2 = 0.257$) of the variance on EDPS among primiparous women. Their living condition, time to prepare for breastfeeding and breastfeeding terminated due to cracked nipples.

CONCLUSIONS

According to the present study, The living condition, the time to prepare for breastfeeding and breastfeeding terminated due to cracked nipples were important factors for EDPS. Integration nursing approach should be made for primiparous women as soon as possible.

KEY MESSAGE

The EDPS scores among Dongguan postnatal women were at a high level. Breastfeeding problems may be one of the contributing factors. With adequate breastfeeding education and support, support from family members is crucial in successful breastfeeding and minimize their stress after delivery.

ICMBALI-2212 - Group antenatal care versus standard antenatal care: qualitative analysis from Malawi and Tanzania

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BACKGROUND

Malawi and Tanzania use traditional antenatal care model which involves a schedule of one-to-one visits with a midwife or an obstetrician (standard antenatal care). This model has proved a lot of complains and dissatisfaction from users. A different way of providing pregnancy care involves use of a group model.

OBJECTIVES

To explore what women from both groups liked and disliked from the care given.

METHODS

A total of 170 transcripts for pregnant women who attended four sessions of antenatal care in a pilot study conducted in Malawi and Tanzania were reviewed. 51 and 50 transcripts respectfully from women in the Group antenatal care and 35 and 34 respectfully in the standard antenatal care were reviewed in response to two open ended questions. First, tell us what you liked best about the antenatal care you received and secondly tell us what you did not like most about the antenatal care.

Ethical clearance was obtained from the research entities in Malawi and Tanzania.

Data were analyzed using content analysis.

RESULTS

Almost nine out of every ten women in the Group antenatal care and almost five out of ten in the Standard antenatal Care group liked their antenatal care very much. Women from the Group antenatal care presented a broad base of what they liked most which included the clinic atmosphere as friendly, motivating and inspiring, having fun receiving care and sharing ideas in groups with approachable facilitators. Women receiving the standard care had more issues including delays at the clinics and inadequate with notable omissions in weights, blood pressures, abdominal assessments, client information; negative behaviors of midwives and a lack of privacy in care provision.

CONCLUSIONS

Findings suggest that women in the Group Antenatal care were more likely than the standard care group to receive more comprehensive and satisfying care.

KEY MESSAGE

Group antenatal care is liked most.

Poster session – Practice 2 – Research

ICMBALI-0199 - Kurdish women's satisfaction from verbal and nonverbal communication of health care providers in delivery room

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BACKGROUND

Professional communication reduced patients' anxiety and facilitated their openness which resulted in reduced patient disclosure and compliance.

OBJECTIVES

This study aimed to assess the level of women's satisfaction from verbal and nonverbal communication of midwives and physicians in delivery room.

METHODS

A cross-sectional study was conducted on 450 women who had at least one delivery in public hospital and attended maternity hospital or primary health centers. They purposively selected and were asked to participate in the study after taking informed consent during the period of Nov 2018 to Mar 2019 in Erbil city/Iraq. A questionnaire format was filled through direct interview with the study sample which included sociodemographic and obstetrical questions as well as 28 questions regarding verbal and non-verbal communication of midwives and physicians in delivery room. Frequency, percentage and chi-square test was used for interpreting the data.

RESULTS

Mean (±SD) age of the study sample were 30.63 (± 5.72), near half of them (46.4 %) graduated from primary or intermediate school and 50.7 % of them resident in urban area. The level of overall satisfaction were as following: 91.1 % highly satisfied, 8 % partially satisfied and 0.9 % totally satisfied. Women mostly not satisfied with following verbal and non-verbal communication: Introduce to patient (91.8 %), greeting the patient (54.9 %) and keep patients' privacy during physical examination (51.3 %). Age, level of education, residency and parity had no significant association with level of overall satisfaction. There was statistically significant association between level of overall satisfaction with having episiotomy and laceration during delivery (P = 0.017).

CONCLUSIONS

Few percent of the women totally satisfied with verbal and non-verbal communication of midwives and physicians during delivery.

KEY MESSAGE

Health care providers in delivery room need to give more importance to their communication skills and attempt to improve it in order to make childbirth as positive experience for all women.

ICMBALI-0850 - Effects of interactive teaching on university students' knowledge and attitude toward reproductive health: a pilot study in Jordan

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BACKGROUND

Youths in Jordan lack knowledge related to reproductive health (RH). Interactive teaching methods showed positive results in enhancing health awareness and adopting healthy practices among students.

OBJECTIVES

The objective of this study was to examine the usefulness of interactive teaching in promoting health awareness of RH among nonmedical university students in Jordan.

METHODS

We employed a quasi-experimental one group pretest and posttest design for a purposive sample of 210 students (18–24 years). Knowledge and attitudes regarding RH issues were assessed using a questionnaire developed by the researchers.

RESULTS

A significant improvement in students' knowledge and attitudes toward RH was evident. On pretest only 26 % of students knew that birth control pills are among the most effective means of family planning, 61 % had some knowledge about reproductive health rights , 54 % knew that reproductive health is not restricted on childbearing women, and 43 % had knowledge about the signs of sexually transmitted infections (STIs) all these findings have improved after the intervention to be 51 %, 88 %, 85 %, and 94 % respectively. Female students had higher scores on total knowledge score than male students in the pretest; this difference was smaller in the posttest. Also, female students had significantly more positive attitudes toward RH in pretest than males, although this difference vanished in the posttest. More than a quarter (27 %) of students believed that STIs is divine punishment and 64 % of them supported that women are responsible for using family planning methods both results slightly improved after the study intervention.

CONCLUSIONS

University students benefited from study intervention regardless of their gender.

KEY MESSAGE

Integrating RH topics into a university's curriculum coupled with an interactive learning approach is a powerful way to promote RH awareness among youths with the focus on reproductive rights and STIs.

ICMBALI-1044 - A randomised controlled trial on a mHealth physical activity intervention to reduce or prevent pregnancy- related lumbopelvic pain in Hong Kong Chinese pregnant women

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BACKGROUND

Pregnancy- related lumbopelvic pain (LPP) affects 50–80 % of pregnant women globally which affects women's daily functioning and even their confidence in becoming a mother. Many women and prenatal caregivers, however, consider such pain as "normal" in pregnancy, and clinical guideline to manage it is lacking. Physical activity intervention is effective in treating LPP but its effectiveness has not been assessed in Hong Kong Chinese pregnant women.

OBJECTIVES

This study aimed to assess the effectiveness of an educational booklet and mHealth physical activity intervention in reducing or preventing LPP.

METHODS

This randomized controlled trial recruited 134 participants from an outpatient clinic in a Hong Kong public hospital. 67 participants in the control group received routine care and 67 intervention participants received counseling on physical activity using a Chinese booklet and a mobile phone application developed with local considerations including women's lifestyle and Chinese culture. Outcome measures on pain intensity, functional disability, antenatal depression, and physical activity level were assessed upon recruitment and 12 weeks after the intervention. Written consent and ethical approval were obtained.

RESULTS

The prevalence of LPP in all participants was 67.9 %, and 38.8 % of the intervention group continued to use the apps at 12 weeks' time. Generalized Estimating Equation showed a non- significant difference between two groups across all outcome measures, but the intervened participants were physically more active at 12th week when compared with the control group.

CONCLUSIONS

LPP was common in Hong Kong Chinese pregnant women. Chinese antenatal taboo to physical activity and the low compliance in using the mobile apps might have led to the results and a future qualitative study is useful to evaluate any facilitators or barriers regarding physical activity intervention in pregnancy.

KEY MESSAGE

Midwives have a vital role in educating pregnant women as well as empowering those with LPP so a positive birth experience can be enhanced.

ICMBALI-0864 - What are the motivators and barriers to breastfeeding continuation in a mainly Māori community in New Zealand?

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BACKGROUND

Breastfeeding has many well established benefits for infant health as well as impacting on later cognitive ability and educational achievement. The age of cessation of breastfeeding is lower in many indigenous populations compared to non-indigenous populations suggesting there may be cultural specific influences.

OBJECTIVES

to identify the motivators and barriers to breastfeeding in a mainly Māori community in New Zealand.

METHODS

Mothers from midwifery practices serving mainly Māori families were recruited for a randomised controlled study investigating the risks and benefits of an infant sleep device (wahakura) compared to a bassinet. Questionnaires were administered at baseline (pregnancy) and at one, three and six months postnatal. Several questions relating to breastfeeding and factors associated with breastfeeding were included. Data were pooled to examine predictors of breastfeeding duration.

RESULTS

Māori comprised 70.5 % of the 197 participants recruited. Māori women were more likely to breastfeed for a shorter duration than New Zealand European women with an odds-ratio (OR) of 0.45 (95 % CI 0.24, 0.85). Key predictors for extended duration of breastfeeding were the strong support of the mother's partner (OR = 3.64, 95 % CI 1.76, 7.55) or her mother for breastfeeding (OR = 2.47, 95 % CI 1.27, 4.82), and being an older mother (OR = 1.07, 95 % CI 1.02, 1.12). Key predictors for shorter breastfeeding were pacifier use (OR = 0.28, 95 % CI 0.17, 0.46), daily cigarette smoking (OR = 0.51, 95 % CI 0.37, 0.69), alcohol use (OR = 0.54, 95 % CI 0.31, 0.93) and living in a more deprived area (OR 0.40, 95 % CI 0.22, 0.72).

CONCLUSIONS

These results can inform more targeted antenatal and postnatal breastfeeding education for Māori women and their whanau (family).

KEY MESSAGE

Breastfeeding among Maori mothers could be enhanced by involving women's partners and their mothers in support of breastfeeding and by addressing smoking, alcohol and pacifier use.

ICMBALI-0347 - Telephone triage in midwifery practice: a mixed methods study

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BACKGROUND

Midwives use telephone triage to evaluate childbearing women's concerns and determine a need for advice or further assessment. Calls are made to individual maternity units rather than to general call centres or triage services. This is an important practice in the provision of appropriate and timely healthcare. Little is known about midwives' practises of telephone triage.

OBJECTIVES

The aim of this study was to explore the views, experiences and practices of midwives in their management of telephone triage.

METHODS

Currently practising midwives were invited to participate in a two phased mixed method design study. Phase one was an online survey (*n = 230*) and phase two one-on-one interviews with midwives (*n = 14*). Interviews were transcribed verbatim and thematic analysis undertaken. Survey data underwent descriptive statistical analysis.

RESULTS

Integrated findings reveals that midwives manage thousands of calls per year in environments with distractions and competing interests. This is an unacknowledged practice and increases midwives' workloads. It can invoke anxiety, as it is a 'risky business' with inherent professional, legal and clinical risk. There are inconsistencies in workplace processes. Midwives identified they needed experience and time to develop skills to ensure 'they got it right'.

CONCLUSIONS

This study highlights the variations in practice, service provision and management of telephone triage in midwifery practice. Midwives respond to a large volume of calls, therefore needing considerable time to provide care to women via the telephone. Environmental concerns can impede information gathered and decisions made. High-level communication and interpersonal skills along with empathy are needed. Midwives made recommendations for training and support to develop telephone triage skills. As communication platforms and technologies evolve, these findings provide a foundation for consideration when providing midwifery care from a distance.

KEY MESSAGE

A coordinated approach to telephone triage is required for midwives to provide safe, effective and quality care to women.

ICMBALI-0236 - Women's views and experiences of antenatal enquiry for domestic abuse during pregnancy

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BACKGROUND

Domestic and family violence (DFV) is recognised as a global health problem of pandemic proportions. Gender-based violence affects over a third of women globally.

OBJECTIVES

This presentation will present survey and interview data from women who had experienced domestic and family violence and underwent domestic and family violence enquiry in maternity services.

METHODS

Women who have engaged with a (DFV) local non-government organisation support agency and had attended maternity services at the local tertiary hospital whilst experiencing DV were invited to participate in a brief survey. The anonymous surveys were distributed by the partner NGO's. Women completing the survey were also given an opportunity to participate in an in-depth interview (n = 10). The interviews focused on the women's experiences of utilising the health service, the response of the midwife and other health care professionals and identify the barriers to positive disclosure of DFV.

All survey data was entered into SPSS. Continuous variables were checked for normality and analysed using descriptive and correlation statistics. The open response items will be analysed using content analysis. Thematic analysis and the techniques associated with constant comparison will be used to analysis the interviews.

RESULTS

The survey and interviews assessed and provided feedback on the level of engagement with the hospital and responsiveness of staff. The main findings from the survey and the interviews will be presented during the presentation.

CONCLUSIONS

The main challenges to effective DFV responses include a failure to invest in primary prevention, and despite progress towards addressing some of these issues the data seems to suggest that what has been undertaken to date within the maternity service has not translated into appropriate disclosure and/or referral rates.

KEY MESSAGE

Women believe midwives should ask about and be able to respond appropriately to DFV disclosures, however, midwives also need to be cognisant of women's fear of disclosure.

ICMBALI-0790 - INTER-ACT: prevention of pregnancy complications through an e-health driven Inter-pregnancy lifestyle intervention – a multicentre randomised controlled trial, preliminary results

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BACKGROUND

Excessive maternal pre-pregnancy and gestational weight gain are related to pregnancy- and birth outcomes. The inter-pregnancy time window offers a unique opportunity to intervene in order to acquire a healthy lifestyle before the start of a new pregnancy.

OBJECTIVES

INTER-ACT is an e-health driven multicentre randomised controlled intervention trial targeting women at high risk of pregnancy- and birth related complications.

METHODS

Women with previous excessive gestational weight gain (according to IOM-2009 guidelines) are recruited for the study at day 2 or 3 postpartum. At week 6 postpartum, participants are randomised into the intervention or control arm. The intervention focuses on weight, diet, physical activity and mental well-being, and comprises face-to-face coaching, in which behavioural change techniques are central, combined with the use of a mobile application, which is Bluetooth-connected to a weighing scale and activity tracker. The intervention is rolled out postpartum (weeks 6 up to 6 months) and in a new pregnancy. Data collection includes data from the medical records of the participants, anthropometric data (including skinfold thickness and body composition by bio-electrical impedance analysis), data from the mobile app and questionnaires about socio-demographics, lifestyle variables and psychosocial factors. All other data are collected at week 6 and month 6 postpartum and every subsequent 6 months until a new pregnancy, and in every trimester in the new pregnancy. Primary outcome is the composite endpoint score of pregnancy-induced hypertension, gestational diabetes mellitus, caesarean section, and large-for-gestational-age infant in the subsequent pregnancy.

RESULTS

Recruitment of 1480 women in 6 participating hospitals ended end of April 2019, follow-up is ongoing.

CONCLUSIONS

The first results are expected at the beginning of January 2020.

KEY MESSAGE

INTER-ACT is a unique randomized controlled lifestyle intervention trial in its implementation between pregnancies and during the subsequent pregnancy, with an e-health driven approach.

ICMBALI-0754 - Effect of the pregnant+ smartphone application in women with gestational diabetes mellitus: a randomised controlled trial in Norway

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BACKGROUND

Healthy eating, physical activity and measurement of blood glucose levels are important components of care in women with gestational diabetes mellitus (GDM). A smartphone application offers an innovative way to promote behavior change and may engage women to optimize their health, and the future health of the newborn baby.

OBJECTIVES

The aim was to examine the effect of the Pregnant+ app on the 2-hour blood glucose level of the oral glucose tolerance test (OGTT) three months postpartum.

METHODS

A randomised controlled trial was conducted from October 2015 to April 2017. A total of 238 pregnant women with GDM, at five diabetic outpatient clinics (DOC) were included. Pregnant women who were > 18 years old, had a two hour OGTT ≥ 9 mmol/L, who owned a smartphone, understood Norwegian, Urdu or Somali and were less than <33 weeks pregnant were invited to participate. The intervention group received the Pregnant+ app and standard care. The control group received standard care only. Data were analysed using linear regression and $\chi 2$ test.

RESULTS

No significant differences were found for the OGTT postpartum. The 2-hour blood glucose level in the intervention group was 6.7 mmol/L (95 % CI 6.2–7.1) compared to 6.0 mmol/L (95 % CI 5.6–6.3) in the control group.

The proportion of emergency caesarean sections was significantly lower in the intervention group (8.8 %) compared to the control group (21 %; p = 0.03), likely confounded by parity. There were no significant differences in birth weight, breastfeeding, obstetric complications or transfer to the Neonatal Intensive Care Unit. Self-reported engagement in own health postpartum was reported by 84.4 % in the intervention group and 63.5 % in the control group (p = 0.01).

CONCLUSIONS AND IMPLICATIONS FOR PRACTICE

The Pregnant+ app had no significant effect on women's OGTT results three months postpartum. The app might be a useful tool for managing GDM. Policymakers should support innovative methods to enhance the management of GDM among pregnant women. Future research should investigate which specific features of smartphone applications enhance GDM management.

KEY MESSAGE

The study has been approved by the Norwegian Social Science Data Services (id-number: 2014/38942) and registered in Clinical.gov (id-number: NCT02588729). In addition, The Norwegian Research Council has funded the study (id: 228517).

ICMBALI-2036 - Percepciones de las mujeres sobre la atención prenatal de calidad en Brasil

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INTRODUCCIÓN

En las últimas décadas, se han propuesto varias iniciativas para mejorar la calidad de la atención materna, porque las muertes y enfermedades relacionadas con el embarazo siguen siendo inaceptablemente altas en el mundo. Dado que la calidad de la atención prenatal es un tema destacado, la Organización Mundial de la Salud (OMS) ha indicado una serie de recomendaciones para mejorar la calidad de la atención prenatal y reducir el riesgo de muertes fetales y complicaciones en el embarazo. Además, es necesario promover una experiencia que garantice los derechos de las mujeres, donde la atención prenatal necesita no solo un embarazo saludable, sino también una transición efectiva hacia el parto y el parto positivos y una experiencia positiva de la maternidad.

OBJETIVO

Investigar las percepciones de las mujeres embarazadas sobre la atención recibida en atención prenatal en atención primaria en Brasil.

MÉTODO

Este es un diseño cualitativo de investigación exploratoria, con codificación temática, parte de un estudio más amplio sobre Evaluación de la atención prenatal en el Sistema Único de Salud, segunda revisión epidemiológica y crítica-reflexiva. El estudio se llevó a cabo en el servicio público prenatal de São Carlos, donde se realizaron entrevistas con mujeres, utilizando la pregunta: "¿Qué opina sobre la atención prenatal que está recibiendo?" El estudio fue aprobado por el Comité de Ética de la Universidad Federal de São Carlos.

RESULTADOS

El análisis preliminar de los datos culminó en una sola categoría llamada "Caminos distantes", que revela el incumplimiento de las necesidades de la mujer embarazada y las debilidades en las interacciones con los profesionales de la salud. No se reconocen en este cuidado.

CONCLUSIONES

Los resultados enfatizan la importancia de las habilidades y relaciones de comunicación centradas en la persona para proporcionar atención prenatal de calidad.

MENSAJE CLAVE

Para mejorar la calidad de la atención prenatal, no solo es necesario el análisis clínico para reducir el riesgo de complicaciones de muerte fetal y embarazo, sino también para promover una experiencia que garantice los derechos de las mujeres y una experiencia positiva.

ICMBALI-0542 - Women's satisfaction and birth experience in a public maternity unit in Hong Kong

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BACKGROUND

A series of initiatives for promoting normal childbirth had been launched in a public maternity unit in Hong Kong. It was an important step for the unit toward mother friendly. The aim of the study was to explore the clinical outcomes in terms of their satisfaction with childbirth and perception of their childbirth experience.

OBJECTIVES

To explore the clinical outcomes in terms of their satisfaction with childbirth and perception of their childbirth experience.

METHODS

888 women who had given birth from July to December 2014 in Kwong Wah Hospital returned the questionnaire. Descriptive statistics were used to summarize the demographic characteristic, obstetric data, and level of satisfaction of the participants. Different variables and childbirth experience were correlated by nonparametric tests.

RESULTS

The results showed that most of the participants were satisfied with the midwifery care provided in the aspects of participation in decision making (> 60 %); help and support (> 80 %); explanation (> 80 %); time with midwife (> 85 %); attitude and respect (> 85 %); professional competency (> 90 %); early skin-to-skin contact (> 90 %); breastfeeding (> 80 %); privacy ~90 %; pain control (> 55 %). Over 90 % were satisfied with overcoming the labour process successfully.

CONCLUSIONS

Midwives should be the advocate for women and facilitate them to make the informed choice and involve them in decision making. Midwives should help the women to plan in advance, even before their pregnancy. Relevant and useful information should be given during each consultation and provide appropriate counselling to reduce their anxiety during pregnancy and labour, in addition, to visualize what to expect to happen when labour started. Midwives should respect women as different individuals and prioritize their individual needs. Midwives should maintain a high standard of care to ensure safe outcomes for women and their babies. Women would be satisfied with the midwifery care and labour support and have a positive childbirth experience.

KEY MESSAGE

Midwifery care, birth experience, satisfaction.

ICMBALI-0769 - Risk factors of severe acute maternal morbidity in women with a low-risk pregnancy

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BACKGROUND

One way to prevent maternal complications is to determine the level of risk for each pregnancy. However, there is no worldwide consensus on the definition of low-risk pregnancy. In particular, whether a woman with a previous postpartum haemorrhage (PPH) or a previous cesarean can be considered at low risk is controversial and recommendations vary between countries.

OBJECTIVES

To identify the risk factors of severe acute maternal morbidity (SAMM) in women with a low-risk pregnancy.

METHODS

We performed a case-control analysis within the Epimoms population-based study conducted in 6 French régions (n = 182,309 women who delivered ≥ 22w in 119 maternity units). Women with a low-risk pregnancy according to the French guidelines were selected. Cases were women with a low-risk pregnancy who developed SAMM during the peripartum period -delivery until 7days postpartum (n = 984). Controls were women with a low-risk pregnancy who delivered without SAMM, randomly selected from the same units (n = 2,620). Risk factors for SAMM were identified by a multivariate logistic regression with multiple imputation.

RESULTS

Among women with SAMM, 38.7 % were classified as low-risk pregnancy. Among women with a low-risk pregnancy, the risk of SAMM was higher in women born outside France (aOR =1.5, 95 % CI [1.1–2.2] for sub-Saharian Africa women), with a previous PPH (aOR = 3.3[2.2–5.1]), with one or more prior uterine scars (aOR = 2.5[2.0–3.2] and 2.5[1.5–4.1]), primiparas (aOR = 2.3[1.9–2.8]), after IVF induction of pregnancy (aOR = 2,1[1.3–3.4]), with twin dichorial pregnancy (aOR = 4.8[2.3–10.1]), with gestational diabetes (aOR = 1.5[1.1–1,9]) and third-trimester anaemia (aOR = 1.7[1.4–2.1])

CONCLUSIONS

Among pregnant women considered at low-risk, we identified some characteristics associated with an increased risk of SAMM. In particular, twin dichorial pregnancy, previous caesarean or PPH should be discussed as possible exclusion criteria in future revisions of guidelines for low-risk definition.

KEY MESSAGE

Twin dichorial pregnancy, previous caesarean or PPH should be discussed as possible exclusion criteria in future revisions of guidelines for low-risk definition.

ICMBALI-0223 - Improving timeliness of obstetrical triage throughput in an urban tertiary care hospital

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BACKGROUND

Obstetrical triage units function like emergency departments with unpredictable volumes that affect the timely evaluation and treatment of patients and lead to longer wait times, delays in care, and longer length of stay (LOS). These are associated with patient dissatisfaction, staff dissatisfaction, adverse clinical outcomes, and increased cost. Henry Ford Hospital's obstetrical triage unit did not meet national recommendations for timely prevision of care. These delays led to a negative correlation (n = 20, p = .039) between patient satisfaction and LOS and contributed to team dissatisfaction (mean 68 %). The aim of this quality improvement project was to decrease the LOS of obstetrical triage patients by 20 % over an eight-week period through the utilization of nurse-driven orders, improved communication, and patient engagement.

OBJECTIVES

1. Define the components of a quality improvement project.
2. Understand how local unit problems can be address using a rapid cycle quality improvement process.
3. Understand the importance of team engagement in quality improvement projects.
4. Understand the importance of patient engagement in quality improvement projects.

METHODS

Rapid cycle quality improvement using four plan-do-study-act cycles was utilized. Each cycle included tests of change related to team engagement, patient engagement, and two processes. Data were analyzed using run charts to evaluate the impact of interventions on outcomes. Primary interventions were team huddles, a patient decision tool, nurse-driven orders, and a hypertension care algorithm.

RESULTS

Staff satisfaction increased 12 % (mean). Most patients (mean 87 %) were satisfied with the patient decision tool. Utilization of nurse-driven orders facilitated a decrease in mean LOS for hypertensive patients (n = 59) of 9 %. Overall LOS for all patients (n = 654) was decreased by 23 % (mean). Hypertension algorithm compliance was 100 %.

CONCLUSIONS

Throughput in triage is affected by many factors including availability of test results, practice styles of providers, and availability of beds.

KEY MESSAGE

Quality improvement projects are effective in addressing clinical and workflow problems.

ICMBALI-0176 - Midwifery community-based models of care to reduce maternal mortality: women's reflections on birthing experiences in New York, USA

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BACKGROUND

Maternal mortality remains a deadly issue globally, and for women of color in the United States, it doubles that of white women.

OBJECTIVES

From 1988–2012, thousands of pregnant women found a refuge at the Childbearing Center of Morris Heights (CBC), a midwifery-led maternity center. In a community with high rates of maternal/infant mortality and morbidity, CBC became a thriving hub for women to learn and help to direct their care. Their stories focused on their traditions, perceptions of racial disparity, and how their experiences with midwives affected their families and lives.

METHODS

A qualitative descriptive project looking at how culture, race and healthcare impact women's birthing experiences was conducted through recorded interviews with women. They were asked questions on their backgrounds, stories and culture of birth learned from their mothers, experiences with midwifery care at CBC; and overall reflections on how this impacted their lives. An introduction to these oral narratives looked at this initiative as one model for safe motherhood within the US and globally in the form of midwifery-led community-based birthing centers with participant leadership.

RESULTS

All women expressed a sense of empowerment through their involvement in their midwifery care and participation in a board that encouraged their views in policy development. They attributed a central element for this empowerment to the midwives. Women stated they had found a home for their care that reflected and respected their values. They also all experienced more confidence in their lives afterwards.

CONCLUSIONS

Listening to the women who receive midwifery care is essential to the development of safe and innovative models that address disparities and promote maternal/infant well-being.

KEY MESSAGE

Midwifery-led community birthing centers that engage women in leadership and policy as well as easy access to high quality midwifery care offer a sound public health model for maternal/infant well-being.

ICMBALI-0186 - A matrix formulation of the national competency-based standards for midwives (NCBSM): a legacy of the Filipino midwives of today for the global midwives of tomorrow

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BACKGROUND

Midwives advocate to SDGs as key players toward bettering good health and well-being.Therefore, competencies (knowledge/skills/abilities/behaviors) is an index to perform better their roles.

OBJECTIVES

The study focused on ascertaining the competencies of registered Filipino midwives. By knowing the competencies which they have not attained at higher level. Therefrom, it will enhance and empower their image, status, and competencies. Thereby, promoting their competitiveness and motivations; and facilitate their mobility across the whole world. That is comparable, competitive, customer-focused, and culturally sensitive to accepted global standards.Thereto, this study serves as partial basis for an adoption of the NCBSM in the Philippines.

METHODS

The descriptive-study used the 5-point Likert scale to gather the data of 100- respondent Registered Midwives' personal and professional competencies of Pangasinan's birthing centers; frequency count and percentage for their demographic profile ; AWM to determine the 2-factor (1)their perceived level of effectiveness of management in terms of planning ,organizing, staffing, directing, and controlling; (2)perceived quality of entire reproductive & perinatal period; Spearman rho Correlation to test the relationship between the respondents' profile and the 2-factor.

RESULTS

Majority of the respondents belong to middle adulthood, dominated by 2-year Graduate in Midwifery and have long-length of service. Respondents perceived their effectiveness of management (AWM = 2.90) and quality of services (AWM = 3.10) both moderately effective. Results also revealed that age ($p = .045 < .05$) and length of service ($p = .048 < .05$) have significant relationships established between the respondents' profile; and the level of effectiveness and quality of services.

CONCLUSIONS

Results revealed that respondents possess moderate level of personal and professional competencies, thereby needing intervention measures.

KEY MESSAGE

Basis for professional development plans for pursuant of 4-year B.S. Midwifery program and trainings to enhance midwives' knowledge, skills, abilities & behaviors.

Further research is highly-recommended to integrate competencies in terms of preparedness/responses in birthing facilities during epidemics/or pandemics. Thereon, serves as advocacy for restructuring/aligning health-policy (i.e. health-governance, health-regulation, health-financing, health-care delivery).

ICMBALI-0098 - Issues of dietary guidance provided by midwives for preventing infants from being born with low birth weight

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BACKGROUND

Low birth weight infants are at increased risk of developing various lifestyle diseases. In Japan, increased numbers of low birth weight infants, and a decrease in pregnant women's average weight gain is becoming problematic. Midwives are influential in providing dietary guidance. However, little is known about their guidance.

OBJECTIVES

To explore issues of dietary guidance provided by midwives for preventing infants from being born with low birth weight.

METHODS

We conducted group interviews with four midwives with ten or more years' experience in providing health guidance to pregnant women at hospitals and maternity centers. Data was analyzed by qualitative descriptive study.

RESULTS

In Japan, there is a socially accepted notion that babies should be "born small and raised big," and pregnant women are inclined towards "giving birth to a small baby." Due to changes in dietary habits from women becoming increasingly active in society, midwives try to provide individual dietary guidance for pregnant woman. However, four issues regarding dietary guidance provided by midwives for preventing infants from being born with low birth weight were clarified. (1) "uncertainty about varying recommended weight standards for pregnant women," (2) "doubts from experience of recommended weights during pregnancy," (3) "difficulty providing guidance agreeing with a variety of dietary habits," and (4) "lack of confidence of the effects on a fetus of nutrients taken by the mother."

CONCLUSIONS

With no unified standards or insufficient knowledge, midwives' dietary guidance for preventing infants from being born with low birth weight is often left to registered dietitians. Lacking confidence, midwives fail to become involved. Understanding the association between nutrients taken by pregnant women and infants, and creating guidelines spreading knowledge for midwives to become active in providing guidance, requires consideration.

KEY MESSAGE

Low birth weight, gestation period, midwife, dietary guidance, weight management.

ICMBALI-0218 - Safer births: a research and development project to improve perinatal outcome through innovative training and therapy tools that support prevention/management of birth asphyxia in Tanzania

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BACKGROUND

Every birth-related death is a tragedy, and on a global scale, too many babies continue to die due to lack of proper care. Every year 3 million newborns die and another 2.6 million are stillborn. 99 % of these deaths happen in low resource settings.

OBJECTIVES

To Improve perinatal outcomes by supporting the prevention, detection and management of birth asphyxia through sustainable, feasible and adaptable training and therapy solutions coupled with Helping Babies Breathe (HBB) training program.

METHODS

The project implemented in Tanzania both rural and urban with over 35,000 births per year. A research device was developed and to collect objective data. The device collected 1,600 cases on newborn heart rate and health worker's performance during resuscitation. To address the gaps found in clinical care, innovative training and therapy solutions were developed to support improved care in newborn resuscitation and fetal heart rate monitoring. These innovations included: A smart newborn ventilation manikin (NeoNatalie Live), an easy-to-use newborn heart rate meter (NeoBeat) and fetal heart rate monitor (Moyo), and Upright bag and mask.

RESULTS

A CUSUM Analysis showed that HBB and Safer Births tools led to 250 extra newborn lives saved. Abnormal fetal heart rate was detected much more frequently in the Moyo arm compared to the Pinard arm (8.1 % versus 3.0 %).Fetal heart rate abnormalities are strongly associated with fresh stillbirths and birth asphyxia. Upright and NeoNatalie Live supported improved care during newborn ventilation. The use of Upright resuscitators resulted in delivery of slightly increased tidal volumes, as compared to standard resuscitators, which is needed for a better outcome. The training manikins increased competence and confidence of providers during newborn resuscitation

CONCLUSIONS

Overall, Helping Babies Breathe and the 5-year implementation study resulted in a steady improvement in perinatal survival.

KEY MESSAGE

Helping Babies Breathe and Safer Births bundle can improve perinatal outcomes.

ICMBALI-0612 - Working through complexity: how women living in areas of high socioeconomic deprivation in New Zealand access and engage with midwives

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BACKGROUND

Women living in areas of high socioeconomic deprivation in Aotearoa/New Zealand experience significantly higher rates of stillbirth and neonatal death than women living in other areas. This is potentially related to access to, and/or engagement with, maternity services.

OBJECTIVES

This recently completed PhD research explored the research question '*How do women living in areas of high socioeconomic deprivation in New Zealand access and engage with midwives?*'

METHODS

Grounded theory.

RESULTS

How women accessed midwifery care was complex and varied. Women's complex lives meant they were often prioritising their needs in changing conditions, risking missing midwifery care. The support available through the maternity system to meet their complexity requirements was limited, and shifted, depending on contexts. Midwives responded, aiming towards keeping women engaged with care, working towards an optimal pregnancy outcome. Building effective relationships enabled women and midwives to work together to effectively address the woman's care requirements within a maternity system that did not readily meet their needs. If women missed a midwifery appointment, following up was crucial. When a woman did not develop an effective relationship with her midwife, while midwives tried to remain connected, there were limits to their resources. Women relied on their midwife's support and advocacy to negotiate an acceptable pathway through the maternity system. Other influences included facility resources, and resources women and midwives had available. When women developed complications, they could be caught between a maternity system which divided their continuous pregnancy journey into care categories, and the midwifery model of care supporting continuity centred on the women.

CONCLUSIONS

Women negotiated a shifting landscape to find a midwife. The effective relationship women built with their midwives, and the provision of continuity of midwifery care, enabled negotiation of an acceptable pathway through the maternity system.

KEY MESSAGE

Women participants were constantly working through complexity as they accessed and engaged with midwives.

ICMBALI-0711 - Midwifery-led antenatal care and spontaneous visits in emergency healthcare services during pregnancy at CHU Saint-Pierre, Brussels, Belgium

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BACKGROUND

Midwives provide midwifery-led antenatal care to childbearing women in order to ensure evidence-based health conditions for both mother and baby during pregnancy, according to women's needs in both planned and unplanned healthcare visits.

OBJECTIVES

To investigate those demographic features, social determinants, and obstetrical and clinical characteristics that can predict the risk of attending emergency healthcare services during pregnancy according to parity.

METHODS

971 cases of women who received antenatal care led by midwives were analysed in a retrospective cohort study via a multivariable binary logistic regression. Ethical approval was obtained by the Hannover Medical School (No. 7806_BO_K_2018) and the Saint-Pierre University Hospital (March 19th 2018).

RESULTS

For nulliparous women (n = 246), the odds of visiting emergency services during pregnancy was 1.45 times (range: 1.08, 2.27) more likely in women with more previous pregnancies (i.e. abortion or miscarriage) compared to women with less previous pregnancies, 3.57 times (range: 1.43, 11.11) more likely in women without rather than with high-level hypertension, and 1.09 times (range: 1.01, 1.25) more likely in women with less previous midwifery-led visits as compared to women with more previous midwifery-led visits. For multiparous women (n = 444), the odds of visiting emergency services during pregnancy were 2.12 times (range 1.06, 6.07) more likely in women presenting factors associated with adverse outcomes at first consultation compared to women without such factors.

CONCLUSIONS

For nulliparous and multiparous women, some obstetrical, medical and antenatal care characteristics seem to be associated with the visits in emergency services.

KEY MESSAGE

Antenatal care utilisation in both planned and unplanned healthcare visits can be used as an indicator of healthcare adequacy. However, multiple factors are associated with healthcare utilisation. Spontaneous visits may be driven by a need for care perceived by women and/or their partner, but not specifically by urgent or unfavourable medical conditions.

ICMBALI-0537 - The efficacy of probiotics to reduce antepartum group B streptococcus colonization: preliminary results of an RCT

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BACKGROUND

Antepartum Group B streptococcus GBS colonization occurs in 20–30 % of women in the United State of America. African American women have higher rates of GBS colonization than white women. Centers for Disease Control and Prevention (CDC) guidelines require universal antepartum GBS screening at 35–37 weeks gestation. Intravenous intrapartum antibiotic prophylaxis (IAP) is given to women who are GBS colonized. While effective, IAP alters the experience of normal birth and is associated with significant side effects and sequelae for women and newborns.

OBJECTIVES

To present preliminary findings of a double-blind randomized, placebo-controlled trial of a high-potency, multi-species oral probiotic combination product to reduce antepartum GBS colonization. We hypothesize that the probiotic intervention will (a) reduce the proportion of women with GBS colonization and (b) reduce the number of women who receive IAP, and alter the vaginal and rectal microbiota by (c) increasing *Lactobacillus* colony counts, (d) decreasing GBS colony counts, and will lead to (e) a reduction in prenatal gastrointestinal (GI) symptoms.

METHODS

A sample size of 80 (40 probiotic/40 placebo) is currently being enrolled (after a 4 month COVID recruitment hold). The study setting is an urban Midwestern USA hospital that has large midwifery-led and physician-led practices both serving an ethnically diverse population.

RESULTS

The study remains blinded. 64 participants have completed the 36-week study visit; only 8 were GBS positive on routine prenatal culture. This represents a 12.5 % GBS positive rate, compared to the clinic average of 29.9 % the prior year. Although no adverse events have been reported, participant follow-up after birth and COVID have presented challenges.

CONCLUSIONS

Recruitment has been on target for successful study completion. The GBS rate among study participants is promising.

KEY MESSAGE

The double-blind randomized, placebo-controlled trial of probiotics to reduce GBS colonization is in process and no adverse events have been reported.

ICMBALI-0119 - Assessment of resilience and social Influences on preventing a repeat adolescent pregnancy

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BACKGROUND

This study investigated the effects of resilience and social influences on intent for contraceptive use or abstinence by African American and Hispanic adolescent parenting mothers to prevent a repeat adolescent pregnancy.

In the United States, one in five adolescent mother has a repeat pregnancy. Once an adolescent has one infant, she has up to a 50 % risk for a second child within 12 months. The economic burden of repeat adolescent pregnancies in the U.S. is $9 billion per year. Subsequent adolescent pregnancies compound fetal and maternal risks associated with preeclampsia, preterm infants, maternal and neonatal mortality, poverty, low educational levels, alcohol, and drug use. Social influences of parents, family, peers, father of the baby, church, and school and intent to use contraception or remain abstinent can influence how an adolescent mother prevent a repeat adolescent pregnancy.

OBJECTIVES

To determine the effect of the mother's age, race, socioeconomic status, education, resilience, and social influences on preventing a repeat adolescent pregnancy for African American and Hispanic parenting adolescent mothers.

METHODS

Ethical approval was obtained from the hospitals. 133 adolescent mothers who delivered a viable full-term infant were recruited. The Wagnild and Young Resilience Scale and the Adolescent Social Influence Scale were used to measure resilience and social influences, respectively.

RESULTS

Point biserial correlation showed a significant positive correlation between Black adolescent mothers' resilience and contraceptive use ($r = .366$, $p < .001$). Logistic regression showed that Black adolescent mothers were 3.6 times less likely than Hispanics to use birth control. $X2 (11, N = 133) = 27.08$, $p = .004$. (OR = .28).

CONCLUSIONS

Repeat adolescent pregnancies among vulnerable minority mothers remain a major dilemma in the United States. Clinical strategies can optimize resilience in Black adolescent mothers to promote effective use of contraception to prevent repeat adolescent pregnancies.

KEY MESSAGE

Resilience is a key factor in adolescent mothers' contraceptive use.

ICMBALI-0242 - Personal use of hand-held fetal heart rate doppler monitors by pregnant women in New Zealand

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BACKGROUND

Devices for listening to the fetal heart rate during pregnancy, such as the hand-held Doppler device, are now more widely available to the general public via the internet and smart phone technology has also enabled the development of app-based monitoring technology. There is very little research into the use of these technologies by pregnant women, but general consensus by midwifery and obstetric professionals is that women should be discouraged from use due to the risk of delaying seeking assistance from false reassurance that these devices could potentially provide to non-health professionals. Despite this warning, women do access these devices for their personal use during their pregnancy.

OBJECTIVES

This qualitative descriptive study aimed to discover reasons women had for using personal fetal heart rate monitoring devices, how and when they used them, and their experiences of using them; including what peer or professional supports they accessed. Ethics approval was granted by the Victoria University of Wellington Human Ethics Committee.

METHODS

Participants were recruited via peer support groups on social media, and via community-based lead maternity care midwives. Participants were interviewed using a semi-structured interview schedule, and the data was thematically analysed.

RESULTS

Women who access their own fetal heart rate monitoring devices do so as a way of managing their anxieties around pregnancy, as well as a way of taking charge of their own health and wellbeing. They source their supports and information via social media sites such as Facebook and YouTube, with peer-developed content supporting their decision making. Professional supports from midwives vary from not supportive, to generally supportive.

CONCLUSIONS

More research into the use of fetal monitoring technology by pregnant women is needed, especially for midwives and how they can best support women around understanding their unborn baby's wellbeing.

KEY MESSAGE

Women are accessing these technologies, more research is needed for midwives to support women.

ICMBALI-0250 - Indonesian midwife's understanding of pregnant women's sociocultural backgrounds and how they build relationship: a qualitative descriptive study

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BACKGROUND

Realizing various aspects of the women midwives care for, will help a deeper understanding and eventually lead to better care.

OBJECTIVES

This study describes how Indonesian midwives understand the cultural and social background of the pregnant women they care for and what they are mindful of when they build relationships.

METHODS

The setting was chosen by convenient sampling near Jakarta. A qualitative descriptive approach was applied, and individual semi-structured interviews were conducted in Indonesian. After translated to English, the contents were confirmed, coded, and coded data were grouped together under higher order headings. The Ethics Review Board at St. Luke's International University approved this study (no. 17-A050).

RESULTS

Five interviewed midwives had 3 to 19 years' experience of working in a hospital. Four key themes and eight sub-themes were identified: 1) Conflict between tradition and health science; ethical dilemma with traditional beliefs, following beliefs and culture make women feel safe, try to gain women's acceptance of medical treatment, 2) God's will dictates everything, 3) Hardship of interrelationship; affluent women are well educated but sometimes have arrogant attitude, impoverished women are modest but have difficulty understanding and tend to keep their beliefs, and barriers required to manage, 4) Good relationships makes us both happy and satisfied; mutual concession makes us feel close, women's economic status does not affect our relationship-building.

CONCLUSIONS

Midwives tried to understand the women as a whole person including their various backgrounds. They seemed to struggle when women's belief contradicted their knowledge as a midwife.

Indonesian midwife's way of building relationships was showing respect to the women. They were also struggling to provide the best care.

KEY MESSAGE

Indonesian midwives had the "Women-centered care" concept in mind which emphasize respect for the women.

ICMBALI-0766 - Influencing factors of mental and physical fatigue on mothers from pregnancy to early postpartum in tertiary medical facilities

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BACKGROUND

In Japan, late marriage and late birth are in progress, and Tertiary Medical Facilities accepts many high-risk pregnant women. High-risk pregnant women are encouraged to recover from fatigue and learn childcare skills within a short hospital stay with complications.

OBJECTIVES

To examine the conditions of pregnant women who are scheduled to attend tertiary medical facilities during pregnancy: their physical fatigue early in childbirth, levels of depression, feelings toward the baby, feelings of difficulty and other influences related to child rearing.

METHODS

Self-written questionnaire survey conducted on 200 pregnant and nursing women undergoing treatment at a tertiary care facility. Among them, 164 women with high-risk pregnancies were included in the analysis. We conducted a Spearman rank correlation, Mann Whitney-U test, on relationships concerning "fatigue", "depression", "feelings toward the baby" and "difficulty toward child-rearing". Multiple regression analysis was performed as an influence factor on feelings of fatigue.

RESULTS

"Fatigue" was found to have a significant positive correlation through the stages of pregnancy, postpartum hospital discharge, and one month check-up. Fatigue at the discharge from hospital was well correlated with "fatigue during pregnancy" and "depression at discharge". Fatigue at the one-month check-up also correlated significantly with "Fatigue at discharge" and "depression at one month after birth".

CONCLUSIONS

In this study, "fatigue during pregnancy" and "depression" was extracted as a key influence factor of postpartum fatigue in high risk pregnancy. In addition, since fatigue from pregnancy is strongly correlated with fatigue after delivery, it is suggested that examining care to reduce fatigue during pregnancy will lead to reducing the feeling of fatigue and depression after childbirth.

KEY MESSAGE

High-risk pregnant women,Fatigue,Tertiary medical facilities.

ICMBALI-0484 - Midwives' experiences about amniotomy -an interview study

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BACKGROUND

The World Health Organization stated in 2018 that the aim of intrapartum care is, beyond maintaining the health of the woman and the child, a positive childbirth experience for women, using available interventions, needed or wanted, with safety. Amniotomy is a commonly used intervention, despite the limited or uncertain benefit for women in spontaneous labour, and there are complications connected to the intervention. Research on midwives' experiences about amniotomy is limited.

OBJECTIVES

To describe midwives' experiences about amniotomy during labour.

METHODS

The study has a qualitative design. Approximately, fifteen semi-structured one-on-one interviews with experienced midwives will be conducted. The data collection is currently ongoing at three hospitals of varying sizes in the south of Sweden. Content analysis is used to analyse data, which is in progress. Ethical approval has been sought from the Swedish Ethical Review Authority.

RESULTS

The preliminary results show that midwives have conflicting experiences of amniotomy. To midwives, the intervention is both an *"everyday" task* and a *potentially dangerous intervention* with irreversible consequences. Experienced midwives are influenced by memories of amniotomies they performed, which had adverse results, in their decisions to perform amniotomy. Midwives strive to *preserve labour as a natural process* by performing amniotomy only when medical indications call for it. Thus, midwives sometimes found themselves in a *"dealing-situation"* , when the labouring woman requests it, but the clinical situation according to local regulations do not. The final results will be ready to be presented at the ICM Congress in Bali 2020.

CONCLUSIONS AND KEY MESSAGE

Conclusions and key message will be presented at the ICM Congress in Bali 2020.

ICMBALI-0151 - Does anemia caused by massive postpartum hemorrhage reduce the iron content in breast milk and amount of milk production?

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BACKGROUND

Due to advanced maternal age, an increasing number of women in Japan experience postpartum hemorrhage (PPH). However, the association between anemia caused by PPH and the production of breast milk has not been fully elucidated, and there are few longitudinal studies to date that also examined nutrient intake in this context.

OBJECTIVES

The objective of this longitudinal study was to compare the iron content in breast milk and amount of milk production between resting women who had anemia due to PPH and those who are following healthy recovery after childbirth.

METHODS

The study included 20 women who delivered a healthy newborn vaginally after full-term pregnancy at our obstetrics clinic. Iron content in breast milk, amount of milk production per day, and iron intake measured by the brief-type self-administered diet history questionnaire (BDHQ) were examined during admission and at 1, 3, and 6 months after childbirth. Data were collected between December 2016 and November 2018. The study was approved by the Research Ethics Committee of the University of Shiga Prefecture, and consent was obtained from each subject.

RESULTS

Study subjects were categorized into those who had massive PPH (≥ 800 mL) during delivery and developed anemia during the early postpartum period with < 10.0/dL hemoglobin and < 33.0 % hematocrit (n = 5, case group) and those who had neither PPH nor postpartum anemia (n = 15, control group).

CONCLUSIONS

There were no significant differences between the two groups in terms of the iron content in breast milk and amount of milk production.

KEY MESSAGE

Midwives do not need to inform women resting after childbirth that "postpartum anemia may reduce the amount of milk production". However, it is important to provide dietary instructions in order to prevent iron deficiency anemia.

ICMBALI-0419 - What are women's experiences of accessing a new and innovative midwifery-led breech birth choices clinic?

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BACKGROUND

The breech birth clinic is a new midwifery-led service for women identified as having a baby in breech presentation. The clinic provides women with the opportunity to have birth choice discussions, exploring options and providing information to assist in making an informed decision about their birth. Disparity was identified when women with breech presentation attending their caesarean section pre-clerking appointment often commented that the reason for their caesarean was,

"*…the doctor told me I'd have a section because my baby is breech.*"

OBJECTIVES

The breech birth choices clinic aspires to place the focus back onto women, positioning themselves at the centre of their own care. The women attending the clinic discuss all options and explore caesarean section, external cephalic version and vaginal breech birth. Each woman plans her model of care with the midwife, empowering informed decision making around birth choices and experiences.

METHODS

This research examines women's experiences of the clinic through focus groups. The sample were women with breech presentation at 36+/40 gestation who attended the clinic. Women who attended the focus group and who had a live baby were in the inclusion criteria, and women who had an intrauterine death, stillbirth or neonatal death were excluded. Ethical approval was obtained. A thematic analysis of the research was performed when saturation point was reached.

RESULTS

Preliminary results show that women feel empowered to have the information they need to make an informed choice and consider the clinics to be beneficial.

CONCLUSIONS

The primary outcome for this research is to establish if women feel central to the decisions made around the care they receive and choose.

KEY MESSAGE

The key message for midwifery practice is every woman has the right to make informed choices, and must be supported in any aspect of the care she chooses and every antenatal, intrapartum and postnatal decision she makes.

ICMBALI-0507 - Understanding women's preferences for opting into midwifery-led birth centre care within Hull and East Yorkshire NHS Trust

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BACKGROUND

Research shows that midwifery-led care in a non-obstetric environment is safe, satisfying and cost effective. In 2017, in the North of England, a midwifery led birth centre (MLC) opened within the local obstetric unit. The MLC offers women an environment that UK maternity guidelines on intrapartum care recommend. However, in this region, most women opt for obstetric unit care.

OBJECTIVES

The provision of the MLC has prompted a need to understand the preferences of women eligible to use the facility, alongside their perceptions and expectations of midwifery-led care. Understanding this is key to ensuring the MLC operates to its full potential.

METHODS

This study uses a sequential transformative mixed method design. Quantitative and qualitative data are being gathered by postal questionnaires, sent to all pregnant women who self-refer for a pregnancy booking appointment, and qualitative data, through focus group discussions with a sub-set of these women. Full ethical approval was obtained from the Health Research Authority.

RESULTS

Preliminary results highlight that decision-making regarding the birth environment rests predominantly with the woman, with some influence from partners and midwives. Most women make decisions about the birth environment, prior to their first appointment. Advantages of MLC are related to the calmness of the environment, more individualised care, fewer interventions, and access to medical help. Disadvantages were perceived to be delayed access to doctors, lack of confidence in practitioners, and having no access to epidural anaesthesia.

CONCLUSIONS

The study will not be complete until August 2019; however, the conclusion will provide insights into pregnant women's perceptions and expectations of midwifery led care.

KEY MESSAGE

To be confirmed at the end of the project. At this point, we can predict that the findings will provide a lens through which women's decision making in relation to the birth environment can be thoughtfully engaged.

ICMBALI-0315 - Determinants of care for maternal near miss cases at Kamuzu and Queen Elizabeth central hospitals, Malawi

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BACKGROUND

Maternal near miss cases which occur more frequent than maternal deaths can lead to more robust conclusions on problems and obstacles that have to be overcome during the process of care. In Malawi, there is little information on the circumstances surrounding maternal near misses.

OBJECTIVES

To establish the demographic, socioeconomic and obstetric characteristics of maternal near miss cases.

To establish determinants of care factors associated with maternal near miss cases.

To assess the quality of antenatal, labour and postnatal care provided to maternal near miss cases.

To describe the midwives experiences of quality of care provided to maternal near miss.

METHODS

A prospective case-control study was conducted between February and July 2017 to establish the determinants of care for maternal near misses in Malawi. Maternal near miss cases included severe hemorrhage, hypertensive diseases of pregnancy, dystocia, infection and severe anaemia.

RESULTS

Age was a significant predictor of maternal near miss, with women aged 31–35 years having 3.14 chances of experiencing maternal near miss [OR = 3.14, 95 % CI: 1.09, 9.02, $p < 0.03$]. Emergency caesarean [OR = 4.08, 95 %CI: 2.34, 7.09, $p < 0.001$] and laparotomy for uterine rupture [OR = 83.49, 95 % CI: 10.49, 664.55, $p < 0.001$] were the two modes of delivery that were significantly associated with maternal near miss. Preeclampsia was the leading indication for caesarean section and laparotomies (22.98 %, n = 37). The midwives perceptions of the quality of care provided to maternal near misses highlighted the importance of adequate human and material resources as well as teamwork and interprofessional collaboration.

CONCLUSIONS

Women with serious obstetric complications have a greater chance of successful outcomes if they are immediately directed to a functioning referral hospital and if the providers are responsive.

KEY MESSAGE

Adequate human and material resources coupled with an enabling environment contribute to quality of care and positive maternal and newborn outcomes.

ICMBALI-2034 - Using skills labs to improve the confidence of midwives to provide emergency obstetric and newborn care in Cambodia

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BACKGROUND

Skills labs are increasingly being invested in to provide safe and protected learning environments for health care providers to practise, maintain and enhance clinical skills. It is essential that all midwives are competent to provide emergency obstetric and newborn when required.

Five skills labs were set-up in four provincial and one referral hospitals in Cambodia under the Muskoka Project. Midwives and other skilled birth attendants initially attended a skills drills based emergency obstetric and newborn care training and selected trainers were then provided with regular mentoring to support training activities in the skills labs.

OBJECTIVES

To identify the enablers and challenges faced by midwives and other health care professionals using the skills laboratories.

To record the experiences of midwives using the skills labs.

METHODS

This operational research was conducted over one year and used data collected from skills labs registers as well as key informant interviews with provincial health leaders and hospital managers and focus group discussion with midwives working in both hospital and health centres. Data was collected at three points: start, mid-way and end. Data analysis was conducted by a small team and then recommendations were discussed with provincial health and hospital managers to improve the experience of skills labs users.

RESULTS

Overwhelmingly, midwives enjoyed using the skills labs. Midwives and their managers were positive that midwives' skills and knowledge had increased due to practising obstetric and newborn emergency skills in the skills labs.

CONCLUSIONS

Enablers to accessing the skills labs included the distribution of monthly training timetable, availability of trainers and practising skills following adverse events. Challenges focused on limited access for midwives who had to travel to the skills labs.

KEY MESSAGE

The successful implementation of skills labs is dependent on selecting the appropriate equipment, investing in mentoring of trainers and enabling midwives to regularly access skills labs whilst on-duty.

ICMBALI-0647 - Background factors associated with the need for peer counseling after miscarriage in women with recurrent pregnancy loss

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BACKGROUND

Women who have experienced miscarriage may experience mental health problems such as depression and anxiety; peer counseling could help in alleviating these issues.

OBJECTIVES

We aimed to clarify the need for peer counseling after a miscarriage and examined the factors related to it.

METHODS

Study participants were women who had experienced recurrent pregnancy loss and had visited Okayama University Hospital from August 2012 to March 2017. A self-administered questionnaire survey was conducted after obtaining participants' consent following a verbal explanation. Ethical approval was obtained from the organization's ethics review board.

RESULTS

Of the 362 women with recurrent pregnancy loss, 302 provided valid answers. Participants' ages were 35.4 ± 4.8, 21–45 (mean ± SD, range), and the number of miscarriages was 2.9 ± 1.2, 2–9. There were 208 participants (68.8 %) who wanted peer counseling, and 94 participants (31.1 %) who felt isolated. Participants who felt isolated tended to request peer counseling significantly. The K6 screening score for mood and anxiety disorders was 4.5 ± 4.3, 0–21. Those who wanted peer counseling had a K6 score of 4.8 ± 4.3, which was significantly higher than the score of 3.7 ± 4.3 of those who did not. There were no significant differences in terms of age, number of miscarriages, or the presence or absence of live births.

CONCLUSIONS

These results indicate that it is necessary to provide an environment in which those women with recurrent pregnancy loss are able to access peer counseling for mental support with full consideration of their individual circumstances.

KEY MESSAGE

As for midwife, a flow has to hold peer counseling for the women with recurrent pregnancy loss who experienced having miscarriage.

ICMBALI-0730 - A cross sectional survey of integrative medicine use by pregnant women in Japan

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BACKGROUND

Integrative medicine is a coordinated way of bringing together conventional and complementary and alternative approaches. In Japan, no comprehensive survey on the actual conditions of integrative medical care used by pregnant women has been conducted.

OBJECTIVES

To clarify the actual condition of integrative medical care being utilized as self-care by pregnant women in addition to integrative medical care that pregnant women received as treatment at hospitals, clinics and midwifery birth centers.

METHODS

Study design was a quantitative descriptive study using anonymous self-report questionnaires. Pregnant women after 35 weeks gestation were asked to respond to a questionnaire. The questionnaire contained items on the characteristics and the status of utilization of integrative medicine as self-care and treatment. In the analysis χ 2 test were carried out. St. Luke's International University Research Ethics Review Committee approved this research (17-A068).

RESULTS

Questionnaires were distributed to 580 pregnant women, and 394 responded (response rate 67.9 %). Integrative medical treatment was received as treatment during pregnancy by 75 women (19.0 %). The most common was traditional Chinese medicine (7.9 %), and next were chiropractor (6.9 %), moxibustion (6.3 %), and acupuncture (5.3 %). Utilization of self care methods in descending order of use: supplements: 103 women (26.1 %); herbs: 82 (20.8 %); yoga: 75 (19.0 %); moxibustion: 54 (13.7 %); massage: 51 (12.9 %) and acupuncture: 40 (10.2 %). The characteristics of pregnant women using self-care included higher academic achievement ($p < 0.001$), and primiparas ($p = 0.042$). The most common source of information for women who used moxibustion was health care providers (39.2 %), and next were "Internet" (29.4 %), family (15.7 %) and friends (13.7 %).

CONCLUSIONS

Integrative medicine utilized by pregnant women was clarified. A need was indicated for future investigation of the content and method of providing information concerning each therapy, to implement education for health care providers for safe and to established effective utilization.

KEY MESSAGE

In Japan, pregnant women commonly use integrative medicine.

ICMBALI-0509 - Factors influencing child-rearing anxiety during the first postpartum month among primiparas delivering at University Hospital A

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BACKGROUND

Mothers who deliver at university hospitals can have various problems. Understanding the factors that influence maternal anxiety about child-rearing is the first step towards providing tailored support.

OBJECTIVES

To clarify the factors influencing child-rearing anxiety during the first postpartum month among primiparas delivering at university hospital A.

METHODS

The study included 52 mothers who delivered at ≥34 weeks of gestation between February 2018 and April 2019. Demographic characteristics, follow-up data during pregnancy, child-rearing anxiety (18 items), and the Edinburgh Postnatal Depression Scale (EPDS) were assessed by using a self-administered questionnaire. Stepwise multiple regression analyses were performed with JMP 14.0 software, using the total score for child-rearing anxiety as the dependent variable and the demographic characteristics, pregnancy follow-up data, and EPDS score as independent variables. This study was approved by the ethics committee of the relevant university hospital.

RESULTS

The mean child-rearing anxiety score was 32.0 (18–61). Mean age was 30.7 (20–43) years, 7 (13.5 %) underwent prenatal diagnostic testing and 16 (30.8 %) felt their husbands were unhelpful in discussing child-rearing. The mean EPDS score was 5.6 (0–17). Factors influencing child-rearing anxiety were a higher EPDS scores at 1 month postpartum, prenatal diagnostic testing, and lack of support from their husbands when discussing child-rearing.

CONCLUSIONS

These findings suggest that maternal mental health care is important to decrease child-rearing anxiety during the first postpartum month among primparas delivering at university hospital A, as well as interventions by health professionals to encourage better discussion of child-rearing issues between husbands and wives.

KEY MESSAGE

Postpartum month, primipara, child-rearing anxiety, factor.

ICMBALI-0623 - Association between nutrition status and morning sickness in Japanese pregnant women

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BACKGROUND

Maternal under nutrition during pregnancy in Japan has been the focus of some scholarly work. Morning sickness(MS) occurs in 50–80 % of pregnant women. However, little is known about the relationship between nutrition and MS.

OBJECTIVES

This study aimed to compare Japanese dietary consumption between subjects with MS and those without, in their first trimester of pregnancy.

METHODS

This study is part of a larger study on food and nutrition during pregnancy and lactation in Japan(2017–2022). We sampled 99 mothers during their first trimester of pregnancy and determined their nutrition status using the Brief-type Self-administered Diet History Questionnaire(BDHQ), Edinburg Postnatal Depression Scale(EPDS), and Parental Attachment Inventory(PAI) in Japan. Mothers were asked about their experience and degree of MS. This study was approved by the Ethics Review Committee of Ichinomiya Kenshin College of Nursing.

RESULTS

The mean age was 31.5±4.3 years, with median gestation ages of 10 (7–13) with MS and 11 (4–13) without; 104 (81.9 %) mothers experienced MS and 23 (18.1 %) did not. The total energy, carbohydrate, protein and fat were lower than the daily recommended intake for Japanese(DRI). There were no statistical significance between mothers with MS and those without MS($P = 0.348$, $P = 0.293$, $P = 0.238$, and $P = 0.903$); however, the estimated mean for sodium was higher in those without MS (3554.6 ± 1107.7 mg) than with (3045.0 ± 750.4 mg, $P = 0.008$). The mean PAI score was higher with MS (42.1 ± 10.6) than without (37.7 ± 9.8, $P = 0.084$); the mean EPDS score was also higher with MS (4.6 ± 3.7) than without (4.2 ± 3.8, $P = 0.640$).

CONCLUSIONS

Although not all mothers experience MS, Japanese pregnant women show signs of undernutrition. However, the estimated mean for sodium was in excess of DRI. Traditional dietary advice for MS sufferers is to consume any food, whenever and as much as is needed. Our findings suggest that traditional advice should be improved.

KEY MESSAGE

To reconsider the traditional advice regarding diet with/without morning sickness in Japanese pregnant women is the urgent issue.

ICMBALI-0511 - Maternal mental health matters: Childbirth related care in Yemen through women's eyes

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3 *National Association of Yemeni Midwives, Department of the Chair, Sana'a, Yemen*

BACKGROUND

There is a growing concern about the impact of women's mental and behavioral health on maternal health outcomes. Yemen has a high maternal mortality and persistent high homebirth rate.

OBJECTIVES

To gain insight into Yemeni women's reproductive mental health with a focus on fear of childbirth and women's perceptions of own authority during childbirth.

METHODS

A multi-stage (stratified-purposive-random) sampling process was used to select 220 women with childbirth experience in rural/urban Yemen for semi-structured interview. Data was analyzed using a combined qualitative/quantitative research approach.

RESULTS

A large majority (72 %) of women perceived childbirth as a situation of danger. Fear of death and childbirth complications stemming from previous traumatic childbirth and trauma in the community was rampant. Husbands' and in-laws' disappointment in a girl infant constituted a strong component of fear. Women without fear gave reasons of faith, social belonging and trust in either traditional or modern childbirth practice. In geographical areas of Yemen with a matrilineal history women experienced little fear. A graded negative association was found between the perceived own authority of a woman in childbirth and the level of biomedical training of staff. Physical proximity to the newborn showed a graded positive association with women's perceived own authority. Three main themes explained authority in qualitative analysis: (i) 'Being at the center'; (ii) 'A sense of belonging' and (iii) 'Husband's role in childbirth'. Authority was experienced primarily among women within the traditional childbirth sector and among women of matrilineal origin. Women who were able to follow their own individual choice in matters of childbirth were six times more likely to plan a future childbirth in the same location.

CONCLUSIONS

Women's low utilization of professional childbirth care should be seen in the context of their low autonomy and status. We call for cooperation between modern and traditional childbirth care.

KEY MESSAGE

Women's perceived 'ownership' of birth is decreasing in the context of the strife for skilled care, which is an important reason why women under-utilize this.

ICMBALI-0715 - Midwifery documentation – how can midwives best represent the care they provide?

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BACKGROUND

Midwives have a professional, ethical and legal obligation to effectively and thoroughly document the care provided to women and the decisions made in the midwifery partnership relationship. While midwifery clinical documentation serves a number of important purposes there is little evidence for what constitutes an appropriate midwifery record.

OBJECTIVES

The aim of this research project was to support the development of midwifery knowledge about optimal documentation of midwifery care.

METHODS

Following ethical approval and recruitment of participants, a modified Delphi methodology was used to iteratively survey expert midwives about optimal midwifery documentation in Aotearoa/New Zealand. Thematic analysis of responses to the initial open-ended questions allowed development of statements about which consensus was sought.

RESULTS

The experts surveyed identified a range of priorities to inform midwifery practice in relation to the documentation of midwifery care. They reached consensus about the majority of these practice recommendations, which fall into three categories: the procedural aspects; the style; and the content of midwifery documentation.

CONCLUSIONS

Documentation of midwifery practice is identified by expert midwives as an important contributor to, and component of, the care provided by midwives. There are a variety of factors for midwives to take into account when they are documenting their care. This research highlights midwifery documentation priorities that may be particularly visible in the context of midwifery practice in Aotearoa/New Zealand, and will be useful and informative to related professional practice conversations internationally. The midwifery documentation practice considerations about which expert midwives in Aotearoa/New Zealand reached consensus will support the professional development of registered midwives and the education of student midwives in many countries.

KEY MESSAGE

Midwife experts confirm the importance of thorough and effective documentation of midwifery care and provide guidance to support education and professional development.

ICMBALI-0106 - A study on the factors affecting job satisfaction of Korean nurse-midwives working in hospitals

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BACKGROUND

Korean nurse-midwife' duty is to provide health and well-being guidance for preterm delivery, pregnancy, marital division, postpartum and newborn infants. Job satisfaction of midwife can affect the health of women and newborns.

OBJECTIVES

The purpose was to improve job satisfaction for nurse-midwives by analyzing factors affecting job satisfaction.

METHODS

The study was a descriptive study where the data were collected using questionnaires from 136 nurse-midwives. For the study, convenient sampling was performed on nurse-midwives working at a total of 10 hospitals in S, D, and B city from September to November 2016. The data collection was submitted to the director of the institution concerned and the department concerned with the research plan including the purpose and method and requested cooperation. It was analyzed by frequency, percentage, mean, standard deviation, t-test, ANOVA, Pearson's correlational coefficients and stepwise multiple regression.

RESULTS

Job satisfaction according to general characteristics of nurse-midwives showed a significant difference according to age ($F = 5.14$, $p = .002$), hospital type ($F = 3.37$, $p = .037$), career of nurse ($F = 2.78$, $p = .044$), monthly income ($F = 3.52$, $p = .017$), and reason for going to the current hospital ($F = 4.17$, $p = .018$). Job satisfaction was positively correlated with empowerment ($r = .59$, $p < .001$) and work environment ($r = .60$, $p < .001$). The factors affecting job satisfaction of nurse-midwives were work environment ($\beta = .54$, $p < .001$) and empowerment ($\beta = .41$, $p < .001$), and the total explanatory power was 59.4 %.

CONCLUSIONS

As the factors affecting job satisfaction of nurse-midwives have been identified as work environment and empowerment, hospital leaders should support the nurse-midwives that are registered according to medical law to create a work environment suitable for job performance and fulfill their duties faithfully.

KEY MESSAGE

Nurse-midwives working at hospitals have higher job satisfaction with higher empowerment and better recognition of working environment, and therefore it is necessary to provide resources and support as well as opportunities and information to increase empowerment.

Study was approved IRB in S University. (1041449–201606-HR-002).

ICMBALI-0586 - Interview with Japanese advanced-midwives looking at characteristics and conditions of mothers who give birth in their 40's and care in postpartum

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BACKGROUND

In recent Japan, notwithstanding the low birth rate, the population of mothers who give birth over 40 years old is increasing. Midwives are always seeking approach to care for mothers in their 40's who may have different opinions from younger mothers in postpartum term.

OBJECTIVES

The study is aimed at investigating how midwives assessed characteristics of mothers over 40 and practiced care in postpartum.

METHODS

A qualitative research, in the form of a semi-structured interview by 6 advanced-midwives was used. After the interview, the contents were analyzed by KJ methods focusing on the care and characteristics of expecting mothers in their 40's. The ethics committee of Teikyo Heisei University approved this research.

RESULTS

Seven categories for both characteristics and care were extracted and then combined. "Adjustments so that mothers can receive ongoing support because they found it impossible to rely on their elderly parents.""Prioritize to physical recovery and be tolerant because it's hard to physically move to take care of her child the way she wants.""Highlight the importance of open-mindedness during childcare because stubborn and reluctant to change their ideas and feelings.""Consider opening a circle where mothers over 40 gathers because they feel a sense of incompatibility among young mothers.""Analyze mother choice of words or the distance of relationships because they usually care about other people's opinions.""Encourage and respect through total preparation and careful behavior because mothers see it as a suitable supporter.""Internal consultation through birth-review because of different perceptions on present and future situations depending on perceived levels of difficulty".

CONCLUSIONS

Midwives assessed physical, psychological, and social characteristics of mothers in their 40's, and practiced care based on attitude and respect for themselves moving forward.

KEY MESSAGE

Midwives always value mothers and use her skill and hart.

ICMBALI-0867 - Mothers' evaluations of child-rearing support at neuvola (maternity clinics) in Finland: focusing on satisfaction and improvement

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BACKGROUND

This study aimed to clarify mothers' satisfaction with and suggested improvements for the support content of neuvola (maternity clinics) in Finland.

OBJECTIVES

We conducted interview surveys of 7 mothers with experience using neuvola.

METHODS

The data obtained were analyzed by content analysis and then categorized. This study was conducted with the approval of the Ethics of the University of Human Environments, Aichi, Japan.

RESULTS

The number of consultations was the largest in the first year after birth. Mothers' satisfaction with neuvola was classified into 8 categories and 22 sub-categories, including "health management during pregnancy and health guidance based on expertise" and "continuous observation and support for child rearing from pregnancy". In addition, categories such as "empathic and receptive relationships with healthcare professionals" and "building a smooth relationship of trust with healthcare professionals" were also satisfying points. Suggested improvements were classified into 6 categories and 14 sub-categories, including "request for continued home visits after childbirth", "request for advice about caring for the baby during home visits", and "request for professional support".

CONCLUSIONS

The findings of this investigation demonstrate that health management, health guidance, and continuous observation and support by professionals such as midwives and public health nurses are important aspects of support for mothers from pregnancy to child rearing. Funding: This study was supported by Japan Society for the Promotion of Science (JSPS) Grants-in-Aid for Scientific Research (Grant number 16K12122).

KEY MESSAGE

We found that it is necessary to build a relationship of trust with mothers and respond flexibly when providing support.

ICMBALI-1026 - Translation and validation of the Indonesian version of the prenatal attachment inventory

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BACKGROUND

Mother who has strong attachment to their unborn children are less likely to experience post-partum depression or to abuse their children. Unfortunately, the dearth of research on maternal-fetal attachment in Indonesia and the lack of valid and reliable instruments for measuring it have been acknowledge. The translation and validation the instrument is the primary reasons for this first ever Indonesian version of the Prenatal Attachment Inventory.

OBJECTIVES

This study translated the Prenatal Attachment Inventory into Indonesian and assessed its validity and reliability.

METHODS

To achieve the primary outcome, the steps according to Brislin are achieved. The expertise using Content Validity Index to rate the Indonesian version of Prenatal Attachment Inventory. A convenience sampling pregnant women from any parity, pregnancy less than 20 weeks and more than 30 weeks, and uncomplicated pregnancy were invited. Out of 130 women from five health centers were classified into two groups for a contrasted group approach and measure the mean score of the Indonesian version of prenatal attachment as the secondary outcome.

RESULTS

In the committee review, discrepancies and culturally inappropriate terms have been recognized and revisions have been made based on expert's recommendation. The 21-item Indonesian version of Prenatal Attachment Inventory has been produced through a rigorous process. Independent t-testing revealed that the two groups differed significantly ($p < .05$), with higher construct validity for women in later stages of pregnancy. The Indonesian version of the inventory was internally consistent ($\alpha = .93$) and showed acceptable reliability and validity.

CONCLUSIONS

The Indonesian translation of the Prenatal Attachment Inventory was therefore successful.

KEY MESSAGE

Providing instrument for measure prenatal attachment in Indonesia yield impact to the education, practice, research field as well as policy and regulation. However, the diversity of characteristics background of pregnant women in Indonesia need to be considered for the next future research.

ICMBALI-1037 - 'And so it changed everything...': qualitative study of fathers' experiences of antenatal attachment

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BACKGROUND

Fathers' involvement in the pregnancy has been changing and increasing over the last years and past studies have shown its importance to the mothers' mental health and to family dynamics. However, the way fathers live the pregnancy and their relationship with the unborn child is not yet completely understood and could have significant importance in the future bond and family support that he can provide.

OBJECTIVES

The aim of this study is to explore fathers' experiences of antenatal attachment.

METHODS

This is a qualitative study using semi-structured interviews. Interpretative Phenomenological Analysis was used to interpret interviews made with 10 fathers-to-be in London.

RESULTS

Four themes were identified: trigger moment; awareness of responsibility; transition to fatherhood; and emotional conflict. Fathers experience pregnancy as levels of reality and with each level the baby becomes more real. Within this progression of reality, most fathers experience a trigger moment that makes the reality of having a baby clearer to them. This moment starts or intensifies behaviours of attachment with the foetus. With the progression of attachment, many fathers show concern and delight in imagining the future, both immediate and long-term.

CONCLUSIONS

However, fathers still feel quite lost in their role. Some felt there was not enough support for fathers' mental health issues.

KEY MESSAGE

This study suggests that different situations can lead to a trigger of the attachment process but often it occurs in the context of healthcare or peer interactions. The fathers in this study have shown that they feel attachment towards the foetus and that they long to be included in perinatal care. It was also understood there is still lack of support for dads, either through not having enough inclusive baby activities or mental health support, but also through lack of guidelines and policies to support them to provide childcare.

ICMBALI-0775 - It's not about the bed: the thirty-year journey of an in-hospital birth center in a tertiary care facility

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BACKGROUND

In the northeastern United States, an in-hospital Alternative Birthing Center (ABC) was established at a large academic health science center in 1986 to meet consumer demand for low intervention birth opportunities within a cost-effective model of care. This talk traces this birth center concept over the past thirty years with a discussion of outcomes, transfers, and external and internal factors affecting this model. Although outcomes were favorable, lack of a consistent and supportive organizational infrastructure led to incremental marginalization over time.

OBJECTIVES

- identify the barriers and facilitators of normal physiologic birth in a tertiary care center.
- describe best practices in designing and implementing an in-hospital birthing center.
- describe how this model applies to the concept of "too much to soon" and protects normal physiological birth in the hospital setting.

METHODS

This historical case analysis relies on primary documents including original certificate of need, state rules and regulations on the governance of birthing centers, internal and external communication, 30 years of outcome data, as well as multi-stakeholder interviews to understand the utilization and assimilation of an in-hospital birth center.

RESULTS

Recommendations that impact success are identified in the areas of education for staff and community, advertising, physical design, and management.

Implications for large tertiary maternal child health facilities globally for low risk women to optimize outcome will be discussed.

CONCLUSIONS

Growing research for a midwifery led in-hospital birthing center for low-risk women reaches the triple aim: reduced cost, improved outcomes, and high patient satisfaction. The ABC provided a much needed, valuable means of normalizing birth that was desired by women and their families.

KEY MESSAGE

An midwife led in-hospital birth center or alongside unit model is an effective tool for keeping birth safe, person-centered, and cost-effective in the hospital setting.

ICMBALI-0762 - Balancing life and death during the GOLDEN MINUTE – Midwives' experiences of performing newborn resuscitation

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BACKGROUND

Newborns normally require little assistance to adapt to extra-uterine life. Very few newborns are in need of advanced resuscitation, but up to 10 % need immediate help to breathe after delivery. This immediate breathing-help is easily feasible as midwives are attending all births. The skill of assessing each baby after delivery, and perform sufficient help for all newborns is equally important worldwide. Very few studies focus on the role of being a midwife assessing newborns requiring resuscitation.

OBJECTIVES

To explore midwives experiences with performing newborn resuscitation in Norwegian maternity wards.

METHODS

A qualitative study, including individual interviews with 18 midwives were conducted from June 2018 to January 2019. All midwives had experiences with performing or assisting in newborn resuscitation in maternity wards. The study was assessed by the Norwegian Regional Committee for Medical and Health Research Ethics but considered to be outside the remit of the Medical and Health Research Act. Norwegian Centre for research data approved this study. A phenomenological-hermeneutical method was used to analyze the data material.

RESULTS

The analyzing process is on-going and the results will be presented at the conference. Preliminary results demonstrate that assessing non-breathing newborns is challenging, and midwives feel vulnerable in these situations. In addition to caring for the women and their families, the midwives need support to manage their own stressful situation.

CONCLUSIONS

Not yet available.

KEY MESSAGE

Midwives' experiences from newborn resuscitation demonstrate that they have an essential role in assessing the newborn baby immediately after delivery.

ICMBALI-0389 - An ethnographic study examining fathers' roles and the influences on their roles during labour and birth

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BACKGROUND

There are a number of cultural and social influences on fathers' involvement during labour and birth. A review of the literature on fathers' involvement during labour and identified two themes: the roles adopted by fathers, and the barriers and facilitators to their involvement.

OBJECTIVES

To understand fathers' roles and discover the influences on these roles during labour and birth.

METHODS

The study adopted an ethnographic approach. Fathers accompanying a woman during labour were recruited via the labour ward and midwifery-led unit of one hospital. Data were collected using non-participant observation and in-depth interviews. A staged approach to ethnographic analysis was used, and the patterns of thought and action repeated in various situations, with different participants, were explored.

RESULTS

While fathers appeared to adopt a variety of roles, their overarching role was 'protecting' the woman. Fathers adopted different roles in order to achieve their goal of protecting. While couples had expectations of fathers' roles, they did not always discuss them prior to labour and birth. Fathers roles were not static and fixed, but were dynamic and changed in response to the changing context of the labour room during the course of labour. A number of influences on fathers' roles were identified which appeared to change their roles or how they were enacted.

CONCLUSIONS

Fathers' roles were not static and fixed, but were dynamic and changed in response to the changing context of the labour room during the course of labour. A number of recommendations for practice, research and policy have been outlined, which could contribute to encouraging fathers' role adoption during labour and birth.

KEY MESSAGE

Midwives were a significant influence on fathers' roles and how they were enacted and therefore this study has the potential to influence discussions on strategies that can be used by midwives during pregnancy and labour to enhance fathers' roles during labour.

ICMBALI-0848 - Midwifery workforce playing a key role in increasing uptake of Family Planning (FP) at Mantapala refugee camp in Nchelenge district of Luapula Province, Zambia

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BACKGROUND

UNHCR estimates that there are 22.5 million people worldwide living as refugees. One-fourth of all refugees and displaced persons are women and girls of reproductive age (Schlachter 2017) who need more than just access to basic services like food and shelter. Access to family planning (FP) services in humanitarian settings can be rare and unintended pregnancy only adds burden to an already challenging situation. It's also highly dangerous: the rate of women who die or suffer injury while giving birth in crisis settings is almost double the world average (Schlachter 2017). Mantapala refugee camp in Zambia had registered 14,044 Congolese refugees by quarter one, 2019. 52 % of these are women and 43 % percent (3,140) are of childbearing age (15–49 years).

OBJECTIVES

To increase access to FP services aimed at reducing unintended pregnancies, unsafe abortions and a decrease of maternal death.

METHODS

United Nations Population Fund (UNFPA), supported midwives and other program officers to:

- support community-based volunteers in disseminating FP messages in order to help create awareness of and demand for FP services.
- provide onsite clinical mentor ship to enable health care workers provide comprehensive FP services, including long-acting and reversible contraceptives (LARCs), in the camp.

RESULTS

FP uptake increased from 173 users in June 2018 to 318 users in January 2019, including a marked increase in uptake of LARCs, especially the two-rod contraceptive implant, from 3 % in June 2018 to 18 % in January 2019.

CONCLUSIONS

UNFPA's mentorship visits have resulted in a rapid increase in uptake of FP services, most significantly in LARCs, thereby significantly reducing unintended pregnancies, unsafe abortions and maternal deaths.

KEY MESSAGE

Midwives need to take a lead in providing comprehensive reproductive services for all women, regardless of where they live. Women's access to FP services not only meets their basic human rights, it also remains a low-cost way of reducing pregnancy-related deaths.

ICMBALI-0821 - EXIMe study: effectiveness of a sexual health intervention in women with genitourinary syndrome of menopause

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BACKGROUND

Genitourinary Syndrome of Menopause (GSM) is a common condition that increases by four the risk of having a sexual dysfunction, and that affects the quality of life of women who suffer it. Women with an active sexual life have fewer symptoms associated with GSM.

OBJECTIVES

To evaluate the effectiveness of an individualized intervention in sexual health conducted in the midwife consultation to improve the quality of life in women with GMS.

METHODS

Multicentre randomized clinical trial with groups in parallel, controlled single-blind, with blind evaluation of the response variable, held in the Community of Madrid. Women aged between 45–65 years with GSM attending to the midwife consultation in Madrid (Spain). N = 250 (125 women in each group). The control group received the usual assistance, and the EXIMe group received in addition a complex intervention in sexual health, individualized, where techniques for expression, analysis, information and development of sexual health skills were used. Principal variable was the Main-Quality of life in menopause, and secondary were sociodemographic variables, sexual history, and variables related to the GSM. Analysis by intention-to-treat, before/after (1 and 6 months) the intervention.

RESULTS

An intrasubject difference of 2.79 points (p-value 0.004) was observed in the overall quality of life after six months. Significant differences were found in the pelvic floor muscle response. In the EXIMe group 98.3 % of women had a female sexual dysfunction, observing clinically relevant improvement differences mainly in women with dyspareunia (57.1 %), pleasure disturbance (40 %) and excitement (36.9 %). Good adherence to the intervention (89.3 %).

CONCLUSIONS

Los resultados obtenidos proporcionan información sobre la efectividad y seguridad de los tratamientos no farmacológicos para el GSM; y contribuyen a mejorar la calidad, la eficiencia y la sostenibilidad del sistema de salud.

KEY MESSAGE

GSM is a very prevalent case that alters sexual health, and midwives work can be useful also to face this situation.

ICMBALI-0499 - First-time expectant fathers' understanding of pregnancy, childbirth and parenting, and their perceived needs during pregnancy

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BACKGROUND

With a growing number of dual-income couples and nuclear families, it is important for first-time fathers to establish paternal identity and engage in parental roles from the early stage of their parenthood. Therefore it is necessary to clarify fathers' perceived needs for support during their wife's pregnancy.

OBJECTIVES

To identify areas for further improvement regarding educational support for couples by uncovering fathers' perceived support needs and their current knowledge about childbirth during pregnancy.

METHODS

A survey was conducted by questionnaires distributed to 206 first-time fathers in Japan. The questionnaires were designed to investigate aspects such as levels of knowledge in childbirth, perceived needs for healthcare professional support, paternal identity scales during the transitional period to parenthood and General Self-Efficacy Scale (GSES). A significance test was performed using the Mann-Whitney U test with a significance level of 5 %. This study was conducted with the approval of the Takarazuka University Faculty of Nursing Ethics Committee (No 2017–2–7).

RESULTS

Fathers who were interested in childbirth exhibited higher paternal identity than those who were less interested ($p < .05$ to .001). Likewise fathers who had better knowledge of childbirth showed higher paternal identity than those who lacked knowledge ($p < .001$). As for the needs, more than 80 % of the fathers preferred not to obtain information via the Internet, but to be given a place where they could acquire some father-specific educational material and direct guidance, as well as to have access to the environment modified for more father-friendly settings in pregnancy check-ups and classrooms.

CONCLUSIONS

It was suggested that providing father-specific written material on parenting from the start of pregnancy and coaching the couple together may contribute to paternal role acquisition.

KEY MESSAGE

There seems to be many men who want guidance on parenting tailored to fathers.

ICMBALI-0751 - Premature infants' sleep behavior and physiological responses to day-and-night breast-feeding

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BACKGROUND

Recently, regulation of care pattern by sleep hygiene has been introduced, concerning about influence on a child's development. Understanding characteristics and physiological responses of sleep behavior in premature infants leads to appropriately timed cares according to their physiological sleep patterns.

OBJECTIVES

This study aimed to observe premature infant's physiological responses of day-and- night sleep-wake behaviors and sleep onset before and after breast-feeding, then to clarify appropriate timed care for them.

METHODS

We explored the following criteria for 6 premature infants in NICU hospital. Video recording of 2 hours before and after breast-feeding during day and night, physiological response (Heat Rate: HR, Respiration Rate: RR, SPO2, activity) every minute, and sleep judgment by activity data. It was evaluated using the Neonatal Behavioral Assessment Scale (NBAS) during breast-feeding by a Certified Nurse in Neonatal Intensive Care. A two-way ANOVA was performed for breast-feeding elapsing time day and night, using physiological responses as the main variable. We also performed one-way ANOVA for state.

RESULTS

RR, activity, and state increased and decreased as reference points in comparison by breast-feeding elapsed time. Activity and HR significantly increased, while SpO2 significantly decreased at night more than day. There were large differences in the elapsed time to sleep between day and night. Awakening was more frequent 30 minutes before the start of breast-feeding. The proportion of sleep gradually increased, from 10 to 20 minutes after breast-feeding. HR differed significantly between states ($F [5, 1225] = 58.29$, $p < .001$).

CONCLUSIONS

Babies' physiological responses, activity, state changed during breast-feeding elapsed time, and their activity increased at night more than during day. Since the baby shifts to sleep 10 to 20 minutes after breast-feeding, comprehensive care is required to observe the condition of the baby including HR so as not to disturb the sleep.

KEY MESSAGE

Premature Infants' Sleep Behavior, Physiological Responses, Day-and-night, During Breast-feeding, state.

ICMBALI-0978 - The demand and supply side determinants of access to maternal, newborn and child health services in Malawi

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BACKGROUND

In order to improve maternal and neonatal outcomes, it is important to understand how to maximise the utilisation of MNCH services. The supply side (service-driven) factors affecting access to MNCH services are more commonly studied and are better understood than the demand side (community led) factors.

OBJECTIVES

The aim of this study was to identify demand and supply determinants of access to MNCH services in Malawi.

METHODS

Research was conducted in two districts of the Central Region of Malawi (Nkhotakota & Mchinji). Qualitative interviews (n = 85) and focus group discussions (n = 20) were conducted with a range of community members, leaders and health workers. Data were managed in NVivo (v10) and analysed using framework analysis, using Levesque et al's (2013) access framework.

RESULTS

Community members clearly recognise their need for and seek out MNCH care from the formal health system. Women experience difficulties reaching health services and when reached find them limited, characterised by many indirect costs. There are many technical and interpersonal deficits, which results in poor satisfaction and reportedly poor outcomes for women.

CONCLUSIONS

Women are seeking and utilising MNCH services which they find under-resourced and unwelcoming. Utilising the Levesque et al (2013) framework, a granular analysis of demand and supply factors has identified the many challenges that remain to achieving equitable access to MNCH services in Malawi. Community members experience lack of availability, acceptability and appropriateness of these essential services.

KEY MESSAGE

The demand and supply determinants of access to MNCH services – as perceived by community members, traditional and religious leaders and health workers and administrators – is a prerequisite to the introduction and implementation of a national policy of health facility deliveries. These findings highlight the need for greater integration of community and health systems and for better resourced health facilities if greater service uptake and successful policy implementation is to be achieved.

ICMBALI-0605 - Differences in bedtime routines in infants across Asian-Pacific countries

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BACKGROUND

Early research indicates that a consistent bedtime routine is associated with better sleep and well-being in young infants, however little is known globally about these relationships.

OBJECTIVES

The aim of this study is to assess the prevalence of bedtime routines and specific activities, as well as their impact on sleep outcomes, in young children in Asia-Pacific.

METHODS

Parents of 319 infants (0–12 months; $M = 5.47$ months; 47.6 % boys) from five regions (Hong Kong, India, New Zealand, Philippines, Singapore) completed the Brief Infant Sleep Questionnaire.

RESULTS

Overall, 70 % of parents reported that their infant had a consistent bedtime routine (greater than or equal to 5 nights per week), averaging 46 minutes ($SD = 33.2$). Infants in New Zealand (81 %), Philippines (81 %) and Singapore (75 %), were more likely to have a consistent bedtime routine than in Hong Kong (55 %) or India (33 %), $p < .001$. Infants with a consistent bedtime routine had a shorter routine and fell asleep faster, and lower reported bedtime difficulties, $p < .05$.

Breast-feeding (50 %) and bottle-feeding (33 %) were the most common routine activity. One-third had a bath, ranging from 9 % in Hong Kong to 57 % in New Zealand, $p < .001$. Few infants had massage as part of their routine (9 %), with no differences across countries, $p = .634$. There were other country-based differences, including the prevalence of changing into pajamas (0 % Hong Kong vs 53 % New Zealand) and reading (5 % India vs 25 % New Zealand).

CONCLUSIONS

There are significant differences in bedtime routines in infants across Asia-Pacific, both in bedtime routine consistency and specific routine activities. Infants with consistent bedtime routines have better sleep outcomes and fewer parent-reported difficulties at bedtime.

KEY MESSAGE

Midwives should consider including healthy sleep education, especially communicating that a consistent bedtime routine may result in better sleep, while integrating contextually-meaningful teachings in their practices.

ICMBALI-1025 - Factors affecting the non-use of medicalized contraception: cross-sectional study among Bordeaux's Universities female students

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BACKGROUND

Despite an easy access to contraception, the French 18–24 years old abortion rate do not decrease. Moreover, few data exist about the French students' contraceptive behavior.

OBJECTIVES

Our study main purpose was to assess the relationship between socio-economic factors, sexual behavior, lifestyle, and non-use of medicalized contraception among a large sample from the i-Share cohort French students.

METHODS

We selected female students between 18 and 26 among the i-Share cohort participants, all University registered and sexually active. Each participant has been classified depending on her contraception method choice: medicalized or not.

RESULTS

Our sample is comprised of 2,196 students, the median age is 20.0 years old, and 77 % use medicalized contraception. After adjusting for potential confounders, the multivariate analysis indicates that having more than one partner in the past 12 months (OR = 1.90; IC95 % [1.52; 2.40]), having sex from 18 years old and older (OR = 3.04; IC95 % [2.17; 4.24]), not having a gynecological consultation during the past 12 months (OR = 5.44; IC95 % [4.34; 6.81], and not subscribe to a medical insurance (OR = 2.07; IC95 % [1.35; 3.18]) are the main risk factors leading to a non-use of a medicalized contraception.

CONCLUSIONS

Our population contraceptive behavior study suggests that a typical pattern of students who do not use medicalized contraception exists. It is important for Health professionals to identify this population. Then, they could be targeted to implement preventive actions in order to reduce the abortion or unwanted pregnancies risks among students.

KEY MESSAGE

Contraception, Family planning, Students University.

ICMBALI-0564 - Exploring women's experiences of midwifery support with female genital mutilation during pregnancy and childbirth in Wales, UK

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BACKGROUND

FGM is a global concern and with migration, 271 new cases of FGM were reported in Wales between 2017 and 2018. FGM impacts on the health and wellbeing of women as well as implications for pregnancy and childbirth. Guidelines to support women with FGM throughout their pregnancy and intrapartum period as well as an FGM pathway are available but how well do women feel supported?

OBJECTIVES

The aim of this research is to understand how women with FGM feel supported and their personal experiences of maternity service in Wales. Women with type three FGM experience fear and anxiety during pregnancy and childbirth, this study will explore how well midwives support women using current guidelines.

METHODS

This research examines women's experiences of their maternity care through one to one interviews. The sample included pregnant women with FGM in the third trimester or postnatally. Women who had an intrauterine death, stillbirth or neonatal death were excluded. Ethical approval was obtained and thematic analysis of the research was performed. Appropriate charities are signposted for emotional and psychological support. Professional interpreters were utilised when required.

RESULTS

Preliminary results show that women feel more can be done to support their overall care but that they feel safer birthing their babies with a midwife who is knowledgeable about FGM.

CONCLUSIONS

All health care professionals should take responsibility to have a good understanding of FGM to support women and their families with a high standard of care, but also to raise awareness and take some ownership of addressing this unacceptable practice. More research is needed in this area.

KEY MESSAGE

Women with FGM deserve the very best of care which entails midwives having the knowledge surrounding FGM for women to feel safe, with guidelines that support holistic woman centred care with FGM.

ICMBALI-0945 - Exploring women's information needs in pre-admission early labour care

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BACKGROUND

Evidence suggests that women are not satisfied with their experience of early labour prior to admission. Previous findings suggest easy access to relevant and reliable information could be a way of supporting and empowering women to cope with early labour.

OBJECTIVES

This study is part of a PhD-project with an overall aim to improve women's pre-admission early labour experience through developing and testing the effect of an information- website. This first part of the PhD-project aims to explore women's experience with information, and their information needs in pre-admission early labour. The findings will inform development of the website.

METHODS

We preformed a qualitative study with an exploratory and descriptive approach. A purposive sample of 16 first-time mothers were included. Five focus group-interviews at five different child health clinics were performed. Data was analyzed using systematic text condensation as described by Malterud.

RESULTS

Three themes emerged from the analysis. The first and most substantial theme involved information. The women considered it necessary to have easy access to a suitable amount of trustworthy information at the appropriate time. The second theme described that the women were surprised at how early labour manifested, despite having prepared for it. The third theme was about receiving acknowledgement and support, revealing that information did not meet all woman's needs.

CONCLUSIONS

The women found it challenging to prepare for early labour, and no matter how prepared they felt beforehand, unexpected situations arose. Easily accessed online information from reliable sources was useful in early labour, but in order to feel safe at home it had to be complemented by telephone conversations with skilled and welcoming midwives in the labour ward.

KEY MESSAGE

No matter how prepared women felt, unexpected situations occurred in early labor. Combined with telephone conversations with midwifes, easy access to relevant and reliable online information is useful.

ICMBALI-0982 - Early skin-to-skin contact after delivery at four university hospitals

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BACKGROUND

Early skin-to-skin contact (early SSC) after delivery is said to increase the breastfeeding rate and prolong the breastfeeding period. Therefore, the World Health Organization is promoting support for breastfeeding within 30 minutes of delivery.

OBJECTIVES

This study aimed to clarify the state of early SSC after delivery at four university hospitals.

METHODS

In February 2019, a questionnaire survey and focus group interview (FGI) were conducted twice each on the midwives at four university hospitals. The questionnaire included items on age, midwife education institution, presence or absence of nursing experience, number of years of midwifery experience, and number of deliveries. During the FGI, participants were asked the reason for early SSC implementation, the timing of implementation, the implementation ratio, implementation method, and issues. Qualitative interview data were categorized by meaning for each hospital and analyzed using a descriptive analysis method. This study was approved by an Ethics Committee.

RESULTS

Forty-eight midwives participated in a total of eight FGIs (5–8 people/interview). The mean FGI duration was 68 minutes (range: 59–87 minutes), the mean age of participants was 32.0 years (range: 24–50 years), and the mean duration of midwifery experience was 7.1 years (range: 1–25 years). The standards and frequency of early SSC, timing, conditions, and status of implementation all differed among the four university hospitals.

CONCLUSIONS

Awareness of the implementation of early SSC differed among midwives. Although the four university hospitals conducted early SSC in compliance with their respective standards, the practice differed among midwives. In all hospitals, it was more difficult to carry out early SSC than before.

KEY MESSAGE

Midwives' implementation of early SSC was influenced not only by the conditions of implementation but also by the education they received and their confidence in their own midwifery skills.

ICMBALI-1006 - Midwives' approach to the management of labour pain: results from an ethnographic study

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BACKGROUND

Around the globe, epidural rates are increasing. This is particularly the case in high-income countries where the issue of 'too much' intervention 'too soon' presents risks to childbearing women. Epidural analgesia is seen as a safe intervention and a panacea to painful labour, however in addition to the small anaesthetic risks of the epidural itself, it also introduces co-interventions and physiological changes, affects the labour process, increases instrumental birth and decreases breastfeeding rates.

OBJECTIVES

To critically examine routine epidural use by exploring the personal, social, cultural and institutional influences on women in deciding whether or not to use epidural analgesia in labour. Given that ethnographic research is the study of culture, concepts surrounding childbirth, midwifery practice and labour pain were also studied.

METHODS

Ethnography, using a critical medical anthropology approach and including participant observation, interviews and document analysis. Ethics approval was granted by the university and participating hospital.

RESULTS

This presentation focuses on the influences on midwives in their approach to labour pain management. Although women were influenced in their decisions by the midwives who attended them, midwives themselves were influenced by personal beliefs, institutional policy and the constraints or supports of their working environment. This all occurs within a pervasive social discourse that views pain as a negative experience and that privileges technological intervention over care-taking techniques.

CONCLUSIONS

Much attention is placed on women making informed decisions but there is little research on the influence of the midwife or indeed what influences midwives in how labour pain is managed. Some of these influences operate outside of midwives' awareness or change-making capacity.

KEY MESSAGE

Midwives are instrumental to the way that women manage the pain of labour. Midwives themselves also have external influences, of which it is important to be aware as reflective practitioners and defenders of women's rights.

ICMBALI-1008 - An exploration of women's experiences of decision making of their birth choices in pregnancy following a previous Caesarean section (CS)

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BACKGROUND

Reports identify a lack of choice for pregnant women including women's choice of vaginal birth after a previous caesarean section(CS) (VBAC) (HIQA, 2016; DOH, 2016). Women need involvement in decision making to have a positive experience(WHO, 2018). Women's experience of decision making about VBAC has been described as 'groping through the fog', where decision making and information during pregnancy and the birth is unclear and contrasting (Lundgren et al, 2012). To date, no theory has explored women's experiences of decision making with birth choices in pregnancy following a previous CS.

OBJECTIVES

To generate a theory of women's experiences with the decision-making of their birth choices after a previous CS.

METHODS

Classic grounded theory methodology by Glaser and Strauss (1967). Total 30 antenatal women were interviewed. Ethical approval obtained.

RESULTS

Women's main concern is to redefine their birth experience positively. The theory of mentalizing possibilities is a substantive theory which explains how a woman uses her self-determination to adapt to uncertainty and to deal with the decisional-conflict. Behavioural strategies that women use can be classified into four types based on their self-determination which is based on internal and external factors. Mentalizing possibilities is a process of decision making where women engage possibility seeking in early pregnancy, probability distancing in mid pregnancy and reality re-seeking at the end of pregnancy.

CONCLUSIONS

In order to promote positive experience for women, healthcare professionals should engage with women in pregnancy and listen to their concerns. This theory advocates for an assisted care pathway where women require support and continuity in decision making in order to help them decide the optimal birth choice in their current pregnancy.

KEY MESSAGE

Women are different with their beliefs and perceptions about birth. They need individualised women-centred approach and support which can make their experience positive.

ICMBALI-0217 - Normal and/or safe childbirth: a southeast Nigerian perspective

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BACKGROUND

Normality and safety in childbirth are two parallel but controversial concepts in maternity care. There are differing views as to what constitutes normal and safe childbirth from women's as well as birth practitioners' points of view. Even though the midwifery philosophy clearly embraces normality around pregnancy and birthing, contemporary childbirth discourse with its western dominance places more emphasis on risk. Consequently, there is ongoing confusion as to what counts as normal and/or safe childbirth. Crucially, women are pressured to believe that attending hospital-based maternity care is the safest option.

OBJECTIVES

This paper presents women's and traditional birth attendants' views of normality and/or safety during pregnancy and the period surrounding it in rural southeast Nigeria.

METHODS

The data are drawn from a study which explored the concept of safe motherhood in southeast Nigeria. The study employed hermeneutic phenomenological and poststructural feminist principles. Information was gathered through individual semi-structured interviews following verbal and/or written consent from the participants.

RESULTS

'Normal birth is safe birth', 'unique normality and safety,' 'safety: beyond life and death,' are the themes that represent the participants' construction of normality and safety. Influenced by their socio-cultural beliefs, the participants perceived normal childbirth as safe while assisted births are termed risky/unsafe. As such normality is synonymous with safety.

CONCLUSIONS

Socio-cultural norms are influential in the participants' understanding of normality and safety; these concepts are socially and culturally constructed and should be valued. The birth practitioners, as well as the environment in which birth takes place can make a difference to women's outcomes when these understandings are heeded.

KEY MESSAGE

The journey to motherhood can also be safe in an environment where the women's socio-cultural beliefs and preferences are valued and respected so that safety goes beyond life and death.

ICMBALI-0741 - Study of pelvic floor muscular training in women with Urinary Incontinence, one month after the delivery

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BACKGROUND

Reports claim that 15 % of women post-delivery, have symptoms of urinary incontinence n those on whom confinement has an influence on their daily lives, and affects their QOL.

OBJECTIVES

This study aimed at finding the effectiveness of pelvic floor muscular training by measuring the activity of muscles, using a polymyogram in women with urinary incontinence, 1 month after the delivery.

METHODS

Urinary incontinence was studied using the Incontinence Quality of Life (I-QOL) questionnaire and pelvic floor muscular training was given using a polymyogram. After 1 month, re-instructions were given and re-confirmed after 3 months. The I-QOL consists of 22 items about subjective symptoms of urinary incontinence and each item answer is divided into five stages. Results of research analysis was approved by the Medical Ethics committee of this hospital.

RESULTS

Among the 18 patients, the average age at one month after delivery was 36.3 ± 2.9 years. Eleven primipara and 7 multipara women were included in this study. The percentage of women who did the pelvic floor muscular training on a daily for 3 months basis was 66.7 %. The average IQOL score of the "continuation enforcement" group before guidance was 78.7 ± 8.9,and after 3 months of guidance was 88.6 ± 5.1 (p value = 0.015). The average IQOL score of the control group(who did not do any muscle training) before guidance was, 74.6 ± 14.9,and after 3 months of guidance was 86.8 ± 13.6.

CONCLUSIONS

Using a polymyogram, the muscular activity could be measured and proper guidance could be given, accordingly. The important point during guidance was to adjust the strength of the pelvic muscle in the patient, accordingly. It is important to continue care and guidance regarding pelvic floor muscle training in patients with Urinary Incontinence after delivery.

KEY MESSAGE

Urinary incontinence, one month after the delivery, pelvic floor muscular training, QOL.

ICMBALI-0629 - The relationships between the increase in infant crying at 1 month and mood state of postpartum mothers, and the mother's background in Japan

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BACKGROUND

Increase infant crying is associated with the mother's emotional distress. Exploratory research related to the postpartum mother's mood states and the mother's background during the increase in infant crying is extremely scarce in Japan.

OBJECTIVES

To clarify the relationships between the increase in infant crying and mood state of postpartum mothers, and the mother's background in Japan.

METHODS

Participants were 25 primiparous mother. The contents of the questionnaire concerned POMS, mother's demographic data, state of crying and ways of coping, a quantity of social support and child-care. The participants were classified into two groups; mothers of infants with increased crying and those without increased crying. The group differences were examined using Mann-Whitney's U test. Relationships between numerical variables were expressed as Pearson's correlation coefficients (p-value < 0.05).

RESULTS

Mothers of infants with increased crying (8 out of 25 infants; 32 %) showed significantly higher scores in the subscales of A-H (Anger-Hostility, $p < 0.01$), C-B (Confusion-Bewilderment, $p < 0.01$), D-D (Depression-Dejection, $p < 0.05$) and T-A (Tension-Anxiety, $p < 0.05$) of POMS as compared with mothers without increased crying. A-H, C-B, D-D, and T-A were positively correlated with "experienced persistent crying recently ($p < 0.05$)" and "confused by infant's persistently crying ($p < 0.05$)" . D-D and T-A were negatively correlated "share parenting responsibilities with someone ($p < 0.05$)", "could talk about parenting with someone ($p < 0.05$)", "could talk about ways of dealing with crying ($p < 0.001$)" and "walk away if too frustrated by the crying, and calm yourself ($p < 0.05$)". C-B and D-D were negatively correlated "information available on parenting support in the local area ($p < 0.05$)".

CONCLUSIONS

Our results suggest that the association between maternal perceptions of increase in infant crying at one month and negatively mood.

KEY MESSAGE

Guidance and support for primiparous mothers of the infant with increased in infant crying and lack of knowledgeable about infant crying may be essential to keep mothers' QOL of after childbirth.

ICMBALI-0502 - An examination of pregnant wives' perceived needs for support from their husbands

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BACKGROUND

In Japan, the number of dual-income couples has been increasing and for couples to work together on the process of pregnancy, childbirth and parenting is now commonplace. However, in the current situation mothers' expectations towards fathers are not sufficiently met.

OBJECTIVES

To clarify what support pregnant wives seek from their husbands and to find the ideal way for husbands to provide support during pregnancy.

METHODS

A survey was conducted on first-time parents living in Japan using questionnaires. Responses were obtained in a descriptive form and the data were analysed by setting each word or sentence as a recording unit. The questions include the individualised health guidance that they received, topics of conversations between the couples, types of housework assistance by husbands and wives' preferred forms of assistance from their husbands, all of which had taken place during pregnancy.

RESULTS

Common topics of couples' conversations during pregnancy were "parenting", "being present at birth", "fertility treatment" and "lifestyle after childbirth". Housework assistance provided was mostly daily house chores such as "cleaning", "washing", "cooking" and "shopping". The most common answer that wives wanted her husband to cooperate with was "childcare" followed by "housework". There were also many requests for "I want you to listen to me" and "emotional support". There were also requests for other ways of involvement as a father.

CONCLUSIONS

The household assistance had been adequately provided during pregnancy, elements such as their husband's voluntary and active involvement in parenting, listening to their wife and providing emotional support should be addressed in order to fulfil her needs.

KEY MESSAGE

Pregnant wives' perceived support needs from their husbands are to listen, to voluntarily and actively participate in parenting, and to provide emotional support.

ICMBALI-0973 - Evaluation of a sexual education program aimed at the resolution of adolescent boys' concerns

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BACKGROUND

Sexual education for men is an important factor in protecting women's reproductive health and rights. In previous research, the top concerns among Japanese adolescent boys have been found to be "male genitalia," "controlling sexual drive," and "how to interact with people who you are attracted to." Nevertheless, sexual education for boys within school education is insufficient.

OBJECTIVES

To counter this, a sexual education program developed by midwives for adolescent boys to resolve their problems was implemented in a high school to address any issues that arose.

METHODS

In September 2018, as an event of a high school cultural festival, a classroom was hired to conduct sexual education. The content included "How to interact with people who you are attracted to," "Boys' sexual concerns and how to cope with them," and "How girls' minds and bodies work" to help boys understand girls. We carried out an anonymous self-administered questionnaire survey, and 42 valid responses were simply obtained for analysis. This research was conducted after the approval was granted by Okayama Prefectural University Ethics Committee.

RESULTS

The response "My worries and doubts were resolved" was at 100 %; "I was able to learn something that I hadn't known previously" was at 95.3 %. The most-liked content was "How to interact with people who you are attracted to" at 81 %, while "How girls' minds and bodies work" was lowest at 11.9 %. The response "I want to know about sexual violence" was at 21.4 %.

CONCLUSIONS

The sexual education program developed by midwives was effective in resolving the concerns of boys. Going forward, the tasks that will be worked on are increasing the content volume on how to interact with people who you are attracted to; adding more content on sexual violence; and to make the participants aware of the importance of understanding girls' minds and bodies.

KEY MESSAGE

Empowerment.

ICMBALI-0297 - Trial introduction of a feed-play-sleep cycle strategy for first-time parents with infants aged 4–6 weeks

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BACKGROUND

Postpartum depression is a serious issue in Japan. Some evidence indicates that introducing the 'Feed-Play-Sleep' cycle strategy into the daily routines of mother and infant can mitigate the crying and sleeping troubles of infants, which can lead to improve maternal mental health. However, clinical midwives have raised some concerns that such changes don't match with Japan's culture of co-sleeping with the infant, and could reduce the breastfeeding rate, so more investigation is required.

OBJECTIVES

This study conducted a parenting class that aimed to teach the "Feed-Play-Sleep" cycle strategy to first-time parents with a 4–6-week old infant. The aim was to verify the 3 following hypotheses. H1: crying and fussing of the infant will be reduced; H2: the breastfeeding rate will be maintained, and H3: the maternal attachment will be maintained.

METHODS

Participants were 11 first-time couples with a 4–6-week old infant. The surveys were conducted at 4 time points of before and after (2 months, 4 months, and 6 months postpartum) the class. Data were collected through notes recorded for 3 days in the parenting diary (record of crying and fussing of the infant) at each time point, questions on the breastfeeding method and infant sleeping, and the maternal attachment (26–104).

RESULTS

Crying and fussing times of the infant were shortened. Moreover, the breastfeeding rate of 66.7 % before the program was maintained at 60 % by 6 months after the program. A high score was maintained for maternal attachment of the infant (99.90 ± 3.62).

CONCLUSIONS

Introduction of the "Feed-Play-Sleep" cycle skills decreased the infant's crying and fussing, and the breastfeeding rate was maintained. Even the maternal attachment of the infant was maintained. This study needs to be replicated further with a larger number of subjects in the future.

KEY MESSAGE

The "Feed-Play-Sleep" cycle would be a potential strategy to improve maternal mental health during postpartum period.

ICMBALI-0132 - The corelation of using hormonal family planning with menopause age at rijang pittu village of sidenreng rappang

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BACKGROUND

Hormonal contraception is a method to prevent pregnancy by giving steroid hormones. Menopause is a phase in women life where the fertility period has ended which is marked by the cessation of the menstrual cycle for at least 1 year. The used of hormonal contraceptive can cause a shift in the age of menopause to be older.

OBJECTIVES

This research aimed to know the corelation of using hormonal family planning with menopause age at Rijang Pittu Village.

METHODS

The type of this research was cross sectional study. The populations in this research were all menopause women at Rijang Pittu Village on April 9th – May 31st 2018. The samples in this research were some of menopause women as many as 68 people by taking a sample using the purposive sampling method.

RESULTS

The result of research, where 25 respondents who used contraception for a long time ≥ 9 years who had experience of premature menopause as many as 2 people (8 %), a normal menopause as many as 13 people (52 %), and late manopause as many as 10 people (40 %). From the result of data analysis by using Chi-Square table 2x3 so It's got significant results with the P value = 0,000 meant P value < 0,05 so It can conclude that in the intervention group H0 and Ha accepted. Therefore there was correlation of using hormonal family planning with menopause age at Rijang Pittu Village of Sidenreng Rappang.

CONCLUSIONS

An advice to midwives to conduct more information about the method of using contraception that is appropriate to the community in accordance with the purpose of the family planning acceptor by using contraception.

KEY MESSAGE

Hormonal Contraception, Menopause Age.

ICMBALI-0638 - A mindfulness-based program on the perinatal experiences of first-time mothers – a preliminary study

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BACKGROUND

Pregnancy and childbirth of the first-time mother had undergone tremendous changes, needing to adapt to strong physical and mental changes. In recent years, some studies had the effect of mindfulness program on improving the mental health of perinatal women, however, little research which has focused on the experience of mindfulness practices during the perinatal period was sparse.

OBJECTIVES

The objective of this study is to qualitatively explore the experiences of pregnant women who underwent the eight weeks Program of Mindfulness-Based Childbirth and Parenting during their perinatal period.

METHODS

Semi-structured, face-to-face interviews used to collect data and themes from the interviews were generated using thematic analysis. Participants were recruited from a regional hospital in northern Taiwan, who were between three to four weeks after birth. A purposive sample of 4 mothers aged between 29 to 36, they were invited to share their feelings and experiences. The criteria of participants were (1) the women who were the first-time mother; and (2) age above 20 years old; (3) singleton pregnancy and normal vaginal delivery and were healthy (4) and attended the Mindfulness-Based Childbirth and Parenting program during their pregnancy period. The qualitative analysis software Nvivo 10 was used to organize sub-themes and themes.

RESULTS

Thematic analysis identified four themes: (1) finding the power inside my heart, (2) mindfulness supportive guardian (3) improvement of self-regulation ability, (4) I want to being with my baby.

CONCLUSIONS

The findings of this study indicated in the eight-week MBCP program promote psychological flexibility and enhance their relationship with their families. It also found out that the mindfulness becomes an intrinsic resource for women's self-regulation, and the effect can be extended to the postpartum period. Providing enhanced mental health through a mindfulness course for pregnant women became successful transition to parents.

KEY MESSAGE

Pregnancy, childbirth, postpartum, mindfulness.

ICMBALI-0619 - We need to talk about weight gain: a qualitative component of the PRAM study exploring women's and midwives experiences using individualised weight charts in pregnancy

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BACKGROUND

Obesity in pregnancy has a negative impact on mother and child's short and long-term health. Interventions to assist women to avoid excessive weight gain during pregnancy are urgently needed. The PRAM study was a feasibility study of using individualized weight charts in pregnancy to monitor weight gain. (NHS ethics approval 16 /WA/0221).

OBJECTIVES

The aim of the process evaluation component of the PRAM study was to obtain qualitative feedback from women and midwives on the acceptability and feasibility of using weight management charts in pregnancy.

METHODS

Semi-structured interviews with women who received the intervention and a focus group with midwives who delivered it took place between August and December 2017. These were audio-recorded and transcribed. Thematic analysis was used to organise and interpret the data, using Nvivo software.

RESULTS

Fourteen women were interviewed and six midwives took part in the focus group. Themes included understanding of weight gain recommendations, midwife care, impact of weight charts and barriers to a healthy lifestyle. It was clear that even in a context where the women have agreed to use weight charts so discussion of weight gain is expected, and some training in communication about weight has been given, midwives rarely raised the issue of weight gain. This reticence related to perceived sensitivity of the topic and lack of confidence in the guidelines including uncertainty of the health implications of excessive weight gain or loss.

CONCLUSIONS

Discussion of weight gain in pregnancy remains difficult for midwives due to fear of disrupting the relationship and lack of clear guidelines. Epidemiological studies are needed to identify healthy weight gain ranges in pregnancy.

KEY MESSAGE

Interventions are needed to support midwives in discussions of weight gain which will include clear evidence-based guidance, recommendations and referral pathways for women whose weight falls outside of the recommended ranges.

ICMBALI-0288 - The hardships of midwives in the care of perinatal women with mental illness

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BACKGROUND

Japanese midwives have little education concerning the care for perinatal women with mental illness. Additionally, it is unclear what kind of hardships they experience when caring for such women.

OBJECTIVES

The purpose of this study was to reveal the hardships that midwives have in the care of perinatal women with mental illness.

METHODS

Research design consisted of a cross-sectional study, using originally developed questionnaires. Stratified random sampling was used to select institutes, and questionnaires were sent to those institutes depending on the number of midwives, after the IRB approved this study. Data was collected from August 2018 to March 2019. Data was analyzed quantitatively.

RESULTS

Of 874 midwives, 347 (39.7 %) completed the questionnaire. The subjects age ranged from 24 to 62 years ($M = 40.6$) and care experience for midwives was 1 to 40 years ($M = 15.3$). Most of them (98 %) had no experience working in psychiatry. Approximately half of them (51.9 %) had knowledge of mental illness. But many of them (83 %) thought that they could not properly assess mental states. Furthermore, they (78.1 %) had difficulty communicating with perinatal women with mental illness. In addition to that, they thought that it was difficult to assess how much stress they can tolerate (78.39 %), to judge danger of self-harm and harm to others (79.83 %), and to decide whether to listen or interrupt their speaking (78.1 %). They (90.2 %) felt a mental burden about caring for perinatal women with mental illness.

CONCLUSIONS

Most Japanese midwives had the hardships in the care of perinatal women with mental illness. We should think about their hardships and the education contents which the midwives can assess of mental states and provide adequate cares for perinatal women with mental illness.

KEY MESSAGE

It is necessary to educate midwives on assessment of mental states and adequate care for perinatal women with mental illness.

ICMBALI-0883 - The effect of antenatal pelvic floor muscle training on childbirth outcomes: a systematic review and meta-analysis

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BACKGROUND

The current data on the effectiveness of antenatal pelvic floor muscle exercises (PFME) on childbirth outcomes is controversial and limited.

OBJECTIVES

To investigate the effect of antenatal PFME on childbirth outcomes by undertaking a systematic review and meta-analysis.

METHODS

Databases were systematically and comprehensively searched for the time period of 1995–2019. Randomized controlled trials (RCTs) and quasi-experimental studies were included. Standard methods of the Cochrane Collaboration were used to assess the methodological quality of included trials. The outcomes included mode of birth, duration of labor, perineal trauma, episiotomy and fetal presentation. The mean and risk ratios (Mean difference (MD) and risk ratio RR) with the corresponding 95 % confidence intervals (CIs) were calculated to assess the association between PFMT and the childbirth outcomes.

RESULTS

A total of 12 articles were included (n = 1952). PFME shortened the duration of second stage of labour for women overall [MD = -6.85, 95 %, CI: -11.44 to -2.26, I2 = 58 %) and for primigravida in a subgroup analysis [MD: -6.80, 95 % CI: -11.44 to -2.20, I2 :63 %]. PFME also reduced severe perineal lacerations [RR 0.57, 95 % CI: 0.38–0.84, I2:30 %] compared to the control. No significant effect was found on the effect of PFME on mode of birth, fetal presentation, instrumental birth or episiotomy rate. Most of the studies carried high risk of bias. Conclusion: Antenatal PFMT might be effective at shortening the second stage of labor and severe perineal trauma. More high quality RCTs are needed.

CONCLUSIONS

Antenatal PFMT might be effective at shortening the second stage of labor and severe perineal trauma. More high quality RCTs are needed.

KEY MESSAGE

PFME may have a role to play in reducing severe perineal trauma which is a concern due to rising rates in many countries around the world.

ICMBALI-0755 - Healthier weight services before, during and after pregnancy

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BACKGROUND

Overweight and obesity are significant public health challenges, including among women of childbearing age with considerable risks of mortality and morbidity. Providing healthy weight services particularly for women with raised body mass index (BMI) is thought to be beneficial.

OBJECTIVES

To explore and map healthier weight services for women before, during and after pregnancy.

METHODS

An online survey was disseminated to the 44 Local Maternity Systems (LMS) within England to assess maternal healthy weight service provision. Semi-structured interviews were also conducted with a purposive sample of thirteen participants to gather information from providers and commissioners on healthier weight services and to identify factors affecting service provision, delivery and access. Descriptive statistics were reported for quantitative data and content analysis was used for qualitative data. Ethical approvals were obtained.

RESULTS

The survey received 88 responses from 23 different LMSs. Services to support healthier eating, weight management and physical activity were offered most frequently during pregnancy, followed by postpartum. Physical activity services were offered less than healthier eating and/or weight management services. Few services existed for women with a raised BMI. Services were poorly evaluated for effectiveness.

Themes identified from qualitative data included "equity and variation in service provision", "need for rigorous evaluation", "facilitators" and "barriers" to weight management service provision or access and "the need for additional support".

CONCLUSIONS

Numerous services encouraging healthy eating or increasing physical activity exist, however few are targeted specifically at women of childbearing age with a raised BMI. Service provision between different geographical areas was inconsistent. Areas for improvement include better local service awareness, more robust service evaluation, educational resources for women and healthcare professionals around healthy maternal weight and research into personal healthy weight trajectories during pregnancy.

KEY MESSAGE

Current maternal healthy weight provision is geographically varied and requires more robust evaluation of effectiveness.

ICMBALI-0674 - The efficacy of the e-learning models of care on pregnant women with gestational diabetes in Taiwan

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BACKGROUND

Women with previous gestational diabetes mellitus are at increased risk for developing type2 diabetes mellitus or metabolic syndrome in their later life. Infants of mothers with GDM are more susceptible to stillbirth and more serious health concerns.

OBJECTIVES

The purpose of this study was to evaluate the longitudinal effects between groups of E-learning models of care.

METHODS

A longitudinal approach and repeated testing using an experimental design to evaluate the follow-up outcomes of the E-learning models of care. After IRB approval and written informed consent, a total of 112 pregnant women participated in this study, randomly to the experimental ($n = 56$) or the control ($n = 56$) group. The experimental group received health management support and counseling, whereas the control group received the typical health education provided in clinical. They were followed up for three times: 28 weeks' gestation, 36–40 weeks' gestation and 6–12 weeks postpartum. SPSS version 20.0 software was used to compile and analyze the research data.

RESULTS

The results showed that after the intervention began, the experimental group demonstrated significant improvements DBP, TG, CHOL and BMI compared with the results of the control group. The frequency of using the food and exercise diaries was negatively correlated to changes in the risk factors for metabolic syndrome, but was positively correlated to changes in HDL levels.

CONCLUSIONS

The study found that the experimental group shared the experience during pregnancy through E-learning models of care and line group interactively. Through instant messaging, it reduced the tension and increase understanding of production knowledge during pregnancy.

KEY MESSAGE

With limited time for visits and the predicament of education, applying E-learning model of care has become a convenient tool for health management. The findings of this study can be used as a reference for the implementation of future health policies,and this research is more meaningful for midwifery practice.

ICMBALI-0468 - Systematic review of the effectiveness of aromatherapy in labor

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BACKGROUND

Clinical practice with aromatherapy has become an expanding area for nursing, and is considered one of the most popularly used complementary treatments. However, there is insufficient evidence about the benefits of aromatherapy for pain management and other related discomforts in labor.

OBJECTIVES

We aimed to evaluate the effects of aromatherapy for women in delivery particularly for pain relief.

METHODS

Our inclusion criteria were individual, cluster and quasi randomized controlled trials (RCTs) involving pregnant women of 37–42 gestation weeks and with labor onset and compared aromatherapy with standard care or control. We excluded co-intervention which may affect its efficacy. AMED, ClinicalTrials.Gov, CINAHL, Cochrane Library, EMBASE, MEDLINE, PubMed, and WHO ICTRP were searched up to July 2018.

RESULTS

Six RCTs from six reports, and four quasi-RCTs from five reports were included (1238 pregnant women). The trials found significant difference between groups for the primary outcomes of pain relief on the latent phase (MD -1.56, 95 %CI: -2.45 to -0.67, low certainty of evidence), and early active phase (MD -1.69, 95 %CI: -2.50 to -0.89, low certainty of evidence). However, there were no significant differences for pain relief on the late active phase, and anxiety relief on the early and late active phases.

CONCLUSIONS

To the best of our knowledge, this is the first showing meta-analysis of pain relief with the use of aromatherapy in all the stages oflabor. This meta-analysis found evidence that the use of inhalation aromatherapy is associated with reduction of labor pain on the latent and early active phase. However, there is insufficient evidence to confirm pain relief on the late active phase, anxiety relief, and other outcomes following aromatherapy.

KEY MESSAGE

This meta-analysis found evidence that the use of inhalation aromatherapy is associated with reduction of labor pain on the latent and early active phase.

ICMBALI-0417 - Birthing in a freestanding midwifery-led birth center in Iceland: maternal and neonatal outcomes

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BACKGROUND

To promote normal birth, the NICE guidelines have recommended that healthy women with uncomplicated pregnancies birth in midwifery-led, low-risk maternity care units. To this end, a freestanding, midwifery-led center was opened in Reykjavik in 2017. Until then, women in Iceland only had two choices; to birth at a mixed-risk unit or homebirth (2.2 %). In 2018 the birthcenter served over 100 families (2.5 % of births in the population).

OBJECTIVES

To desribe the population of women giving birth at the birthcenter and analyse maternal and neonatal outcomes.

METHODS

The study will be based on nationwide data from the Icelandic Medical Birth Register as well as maternity records from the birth-center. We will describe the population of women giving birth at center by socio-demographic characteristics as well as obstetric risk factors. We will calculate the incidence of transfer from the birthcenter to the mixed-risk unit and report the reason for trans-ferring, obstetric interventions, maternal outcomes and neonatal outcomes. We will furthermore calculate length of labour among women who start their labor at birthcenter. Analyses will be stratified by parity.

PRELIMINARY RESULTS

The majority of women birthing at the birthcenter were nulliparous. The transfer rate was 30 % and the most common transfer reason was labour dystocia and pain relief. The cesarean section rate was low (1–2 %).

PRELIMINARY CONCLUSIONS

Obstetric interventions are low and maternal/neonatal outcomes good.

KEY MESSAGE

Over the past years, maternity care in Iceland has been centralized and low-risk midwifery units have been closed down. Currently, the majority (75 %) of the population gives birth at a mixed-risk unit. Simultaneously, epidural analgesia and induction of labour are on the rise. Results from our study will provide information on whether a freestanding low-risk midwifery-led birth center can promote normal birth in Iceland as well as report on the first maternal and neonatal outcomes for the birth center.

ICMBALI-0642 - Relationship between mothers' feelings toward crying of infants and characteristics of pregnant women – continuous survey of mothers one and eight months after birth –

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BACKGROUND

Mothers who rear their child for the first time are perplexed at how to cope with an infant who does not stop crying or feel difficulty in childcare.

OBJECTIVES

The purpose of this study is to clarify the mothers' thoughts and feelings toward the crying of their infants one and eight months after giving birth and to clarify the relationship of postnatal mothers' thoughts and feelings with pregnant women's anxiety and ability to cope with stress.

METHODS

A questionnaire survey was carried out targeting primiparous women during pregnancy, one, and eight months after giving birth. State-trait anxiety inventory (STAI) scales and sense of coherence (SOC)-13 were used to assess pregnant women's anxiety and ability to cope with stress during pregnancy. After birth, scores for five positive feelings and five negative feelings were obtained using the Likert scale.

RESULTS

Of the 80 women who agreed to participate in this study, 50 who provided valid responses were included. The mean scores for negative feelings when the infant is crying were 10.1 ± 3.2 at one month and 9.7 ± 3.3 at eight months. The coefficients of correlation between the SOC scores and the scores for negative feelings toward the crying of infants were – 0.304 ($p = 0.032$) at one month and – 0.345 ($p = 0.014$) at eight months. There was a statistically significant negative correlation between the STAI scores and the scores for positive feelings toward the crying of infants after birth. There was a statistically significant positive correlation between the STAI scores and the scores for negative feelings.

CONCLUSIONS

It was found that anxiety and the ability to cope with stress during pregnancy are related to the mothers' feelings toward the crying of their infants.

KEY MESSAGE

Continuous support for women from the period of pregnancy is necessary, and its positive effects are expected.

ICMBALI-0200 - Psychometric properties of an investigator-designed questionnaire concerning childbirth delivery options based on the theory of planned behavior

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BACKGROUND

It has become a concern that the rate of caesarean section is increasing worldwide. Specifically, Taiwanese pregnant women may even request a cesarean delivery in the absence of any medical indications.

OBJECTIVES

The purpose of this study was to develop and evaluate the Childbirth Delivery Options Questionnaire (CDOQ) to better understand Taiwanese pregnant women's decisions regarding their childbirth delivery options.

METHODS

This study was conducted in northern Taiwan using multiphase mixed method design. First, the theory of planned behavior was used to develop items. Second, pretesting and instrument refinement were performed using the cognitive interview with a small sample of Taiwanese pregnant women (n = 30). Third, the CDOQ was administered to 310 such women to examine psychometric properties of the component scales using confirmatory factor analyses.

RESULTS

The 52-item self-administered CDOQ was developed to measure three components: intention regarding delivery options, attitudes toward delivery options, and perceptions of significant others' feelings about delivery options. Respondents from phase two thought that the items on the CDOQ were easy to read and comprehend; they reported favorably on the wording and formatting. Preliminary item analysis revealed that the items referring to dangerousness of delivery options did not function as intended and were dropped, leaving 36 items. Corrected item-to-total correlations and expected change in Cronbach's alpha if item deleted revealed that four items might form a measure of social norms associated with the Taiwanese culture. The Cronbach's alphas for the components of the CDOQ ranged from .55 to .89. The measurement model incorporating the design features of the CDOQ fitted the data well.

CONCLUSIONS

The theory of planned behavior-based instrument developed will be of considerable use to maternal-child health researchers.

KEY MESSAGE

The findings suggest that decisions regarding delivery options may be modified by interventions geared toward pregnant women's attitudes within family- and cultural-centered prenatal programs.

ICMBALI-0416 - Feasibility of a smartphone website to support antenatal perineal massage in pregnant women

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BACKGROUND

In Japan, 85 % of pregnant women do not practice antenatal perineal massage. Therefore, we developed a smartphone website to support the practice of antenatal perineal massage.

OBJECTIVES

The purpose of this study was to evaluate the feasibility of our smartphone website.

METHODS

Pregnant women were recruited at five hospitals or clinics in Tokyo, Japan. Participants assigned to the smartphone website group (n = 74) were asked to register on the smartphone website. After completing registration, they could login and use all the contents of the website. After giving birth, participants completed a 5-item questionnaire evaluating the acceptability of the smartphone website. Participants assigned to the leaflet group (n = 71) received a leaflet on antenatal perineal massage and completed a similar 4-item questionnaire evaluating the leaflet. Data were collected from April 2014 to November 2014. Data analysis was performed using chi-square and t-tests to analyze responses to close-ended questions, and content analysis was conducted to analyze responses of open-ended questions.

RESULTS

In the smartphone website group, 9 women (12.2 %) did not register on the smartphone website. Approximately 80 % of the women who responded indicated that the smartphone site was easy to understand and useful for practicing antenatal perineal massage. In the smartphone website group, the reply rate for reporting the frequency of massage was 43.6 %. Although the ratings and frequency at which the material was accessed tended to be higher in the smartphone website group than in the leaflet group, there were no significant differences.

CONCLUSIONS

Most pregnant women in the smartphone website group provided a favorable evaluation for the smartphone website. Therefore, the present study's results demonstrate the feasibility of a smartphone website to support the practice of antenatal perineal massage.

KEY MESSAGE

Our smartphone website may aid in the development of similar web-based educational materials for pregnant women.

ICMBALI-1005 - Women's experiences of pregnancy after a gastric bypass surgery

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BACKGROUND

Worldwide gastric bypass (GBP) surgery in women in reproductive ages is increasing. Little is known regarding women's experience of pregnancy after GBP-surgery. It is of importance for midwives to understand how pregnant women who have undergone GBP-surgery may experience pregnancy in order to help them attain a positive pregnancy experience, including physical and socio-cultural normality, a healthy pregnancy for mother and baby, a transition to a positive labour and birth and finally, to achieve a positive motherhood.

OBJECTIVES

The aim was to investigate women's experiences of pregnancy after gastric bypass surgery in a Swedish context.

METHODS

A qualitative descriptive design was employed by interviews to investigate women's experiences of pregnancy after GBP-surgery.

RESULTS

Analysis resulted in three main categories and eight sub-categories; "Importance of Support" described both lack of support but also support from professionals and partners that strengthened the woman. "The infants' presence" described the mother's relationship with the infant in the womb, and how the infant physically inhabited the womb. "Aggravating circumstances" described circumstances that made pregnancy difficult: an emotional journey of fear and physical conditions including gastrointestinal complications

CONCLUSIONS

Despite feeling ambivalent towards weight gain and physical complications during pregnancy, women experienced great joy in being pregnant. They experienced that in general, midwives lacked knowledge of GBP and care was deficient. Contact with a dedicated, skilled and knowledgeable midwife who could initiate a good relationship strengthened the self-identity. As the proportion of women who become pregnant after GBP surgery increases, more knowledge is needed on how the surgery affects the woman during pregnancy and how care may be optimally provided. Employers should ensure highly competent midwives to care for pregnant and birthing women who have undergone GBP.

KEY MESSAGE

Gastric bypass surgery before pregnancy triggers ambivalent feelings during pregnancy.

Women undergoing gastric bypass before pregnancy calls for specialist midwifery care during pregnancy.

ICMBALI-0771 - Bladder care and management of prolonged/obstructed labor: a global survey of intrapartum and postpartum clinical midwifery practices

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BACKGROUND

Little is known about current knowledge and practices among skilled birth attendants (SBAs) regarding intrapartum and postpartum bladder care and urinary catheterization (UC), both in routine labor and delivery (L&D) care and managing prolonged/obstructed labor (P/OL).

OBJECTIVES

The Fistula Care *Plus* Project (FC+) conducted a key informant (KI) survey of SBAs to better understand clinical practices related to bladder care in low- and middle-income countries (LMICs).

METHODS

This survey was administered online in French and English, from May-Oct, 2017. A purposive/snowball sampling approach was employed. Survey data were analyzed with Stata v12 to generate summaries of KI characteristics, knowledge, and practices. Chi-square tests of independence tested for disparities by region, facility type, and geography. The survey elicited only key informant data from anonymous professional respondents and did not require evaluation by an institutional review board.

RESULTS

Respondents (222 KIs) were primarily midwives (61 %) and OB-GYNs (15 %); 56 % in Africa and 39 % in South-East Asia. A majority perform many recommended practices related to intrapartum/postpartum bladder care and P/OL management. Most reported using a partograph to monitor labor (99 %), monitoring voiding frequency for postpartum patients (95 %), and utilizing UC after P/OL (94 %). Findings revealed a lack of protocols on bladder care and P/OL management, variation in bladder care/UC practice by region, and less access to in-service training and supplies in Africa and at public facilities.

CONCLUSIONS

The findings reflect a strong foundation for standardization in intrapartum/postpartum bladder care and P/OL management, including scale-up of UC after/P/OL to prevent fistula and other sequelae. Variations in practices and enabling environment elements identify where SBA training and support can be strengthened to promote widespread adoption of effective intrapartum and postpartum practices.

KEY MESSAGE

SBAs, particularly midwives, must be supported with policy guidance, protocols, in-service training, and consistent supplies to standardize and improve the quality of intrapartum/postpartum bladder care.

ICMBALI-0429 - Midwives' engagement in smoking and drinking prevention in Switzerland (Europe): the role of national guidelines

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BACKGROUND

Evidence suggests that cigarette smoking and alcohol consumption during pregnancy negatively impact on fetal health. The Swiss Federation of Midwives has introduced good practice recommendations (Guideline) for screening and counselling for tobacco and alcohol consumption before, during and after pregnancy, which were first implemented in 2011, and revised in 2017.

OBJECTIVES

The current study assesses the changes in midwives' engagement in smoking and drinking prevention before (2008) and after the introduction of the Guideline (2018).

METHODS

Data was collected with two surveys in 2008 (n = 366) and in January 2018 (n = 459). Differences in engagement in smoking and drinking prevention between 2008 and 2018 were assessed with chi-square tests.

RESULTS

The results show that there are differences according to whether midwives are mainly active in pregnancy or postpartum follow-up: *Pregnancy:* 49.3 % of midwives systematically informed women about the risks associated with tobacco consumption and 61.7 % about the risks with alcohol consumption.

Postpartum: 37.6 % of midwives systematically informed women about the risks associated with tobacco consumption and 41.5 % about the risks with alcohol consumption.

The intervention techniques for counselling and support have been applied in various ways: Motivational interviewing was performed by 42.7 % of midwives, the stage model of behavior change by 16.5 % and the "5A method" by 3.4 %.

CONCLUSIONS

The results suggest that the knowledge and application of screening and counselling methods for the prevention of smoking and alcohol in the basic and continuing education of midwives can be better anchored. Although effective screening and counselling methods exist and are described in the recommendations, they are still insufficiently used in the daily activity of midwives.

KEY MESSAGE

Seven years after the introduction of the Guideline midwives appear more aware of the risks during pregnancy. But there is room for improvement particularly regarding more extensive prevention activities allover and during the postnatal care.

ICMBALI-0114 - Teaching Menstrual Hygiene Management to Adolescent Girls with Intellectual Disabilities and High Support Needs

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BACKGROUND

Menstrual hygiene management (MHM) is one of the most important skill for adolescent girls with intellectual disabilities and high support needs (ID/HSNs) to facilitate their independence. However, sex education is stagnant because it cannot be spoken publicly, and research is limited in japan. Menstruation can be frightening and anxious for girls with ID/HSNs , but menstrual education program included MHM remain unclear.

OBJECTIVES

The aim of this study was to teach MHM to adolescent girls with ID/HSNs by the menstrual education with a doll.

The study used `One group pre-test and Post-test model.

METHODS

The participants consisted 11 adolescent girls with ID/HSNs who not have menarche. We examined the skill of MHM using a doll before, just after, and after 1 month, and analysed the skill of MHM. A task of MHM consisted of 15 items showing skills to be determined in which observations showed the degree of change.

RESULTS

The mean age of the adolescents in the study was 9.4 ± 5.3 years old. We found that the skill of MHM significantly changed the scores of adolescent girls with ID/HSNs before and after the program ($p < 0.01$). The score after 1 month was also significantly higher than before the program ($p < 0.01$).

CONCLUSIONS

The menstrual education with a doll helped adolescent girl with ID/HSNs who were pre-menstruation to gain the skill of MHM.

KEY MESSAGE

The menstrual education with a doll was effective to increases their skills of MHM for adolescent girls with ID/HSNs who were pre-menstruation and it may leads to active acceptance of menstruation.

ICMBALI-0069 - An overview of the use of non-pharmacological pain management and its association with pharmacological pain management among low risk labouring women in the Netherlands

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BACKGROUND

Over the past decade the use of pharmacological pain management during labour has increased worldwide. In contrast to pharmacological pain management, non-pharmacological pain management is non-invasive and easily accessible. Documentation on the use of non-pharmacological methods and its effectiveness is scarce.

OBJECTIVES

The primary aim of this study was to gain insight in the use of non-pharmacological pain management among low risk labouring women in the Netherlands. As a secondary aim the association between the use of non-pharmacological and pharmacological pain management was studied.

METHODS

This study was a secondary data analysis of the Continuous-Support-of-Labour-study. The study population existed of low risk Dutch women starting labour under the care of a midwife. Descriptive data analysis was used in order to describe the different methods of non-pharmacological pain management and the frequency of its use. Multivariable logistic regression analysis was used to investigate the association between the use of non-pharmacological and pharmacological pain management.

RESULTS

64.6 % of the women used non-pharmacological pain management during labour. Shower, massage and bath were used most frequently. Primiparous women and women from a European background -other than Dutch- were significant predictors for the use of non-pharmacological pain management during labour. 33.5 % of the women used more than one method of non-pharmacological pain management. The use of non-pharmacological pain management was significantly associated with the use of pharmacological pain management among multiparous women (adjusted odds ratio 2.24, 95 % CI 1.12–4.52).

CONCLUSIONS

The use of non-pharmacological pain management during labour among women in the Netherlands is common. There is an association between the use of non-pharmacological and pharmacological pain management among multiparous women. It is important to understand that pain perception and management during labour is individually determined and therefore personalised and women-centred care is needed.

KEY MESSAGE

With regard to pain management methods care providers should provide personalised women-centred care during labour.

ICMBALI-1047 - Psychosocial and peripartum determinants of postpartum depression: a multifactorial risk model

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BACKGROUND

Postpartum depression (PPD) is one of the most frequent complications of childbirth and has adverse consequences for mother and child.

OBJECTIVES

The present large-scale prospective cohort study aimed to: (1) identify a comprehensive set of independent determinants of PPD, using demographic, psychosocial and peripartum factors and (2) examine the particular contribution of peripartum factors and pregnancy-related anxiety to predict the risk for PPD.

METHODS

The study was embedded in a population-based cohort study (the ABCD study) in Amsterdam, the Netherlands (N = 5.109). Maternal depressive symptoms were measured using the Center for Epidemiologic Studies Depression Scale (cutoff > 16 for high risk of PPD). Risk factors were assessed by self-report questionnaires or obtained from perinatal registries and clustered into sociodemographic, lifestyle, psychosocial, and peripartum categories.

RESULTS

Univariate logistic regression analyses showed significant associations between most of the selected risk factors and PPD. The final multivariable risk model explained 25.2 % of the variance. Independent risk factors of PPD were maternal other-Western and non-Western ethnicity, multiparity, high antepartum depressive symptoms, high antepartum anxiety, high pregnancy-related anxiety, high job strain, poor sleep quality, unwanted or unplanned pregnancy, history of abuse, and congenital anomaly. The strongest predictors of PPD were antepartum depression (OR = 4.06, 95 % CI [3.29–5.01], history of abuse (OR = 2.34, 95 % CI [1.37–3.98], and having a baby with a congenital anomaly (OR = 2.13, 95 % CI [1.40–3.25].

CONCLUSIONS

Antepartum depressive symptoms, state anxiety as well as pregnancy-related anxiety, and other psychosocial factors during pregnancy all independently predicted being at risk for PPD. Peripartum complications were not independently associated with PPD.

KEY MESSAGE

We recommend midwives and obstetricians to include the identified determinants in early screening procedures to identify women at risk for developing PPD and to be able to subsequently offer preventive interventions.

ICMBALI-0639 - A workforce survey to inform the capitalmidwife continuous improvement programme: exploring the experiences of qualified and soon to be qualified midwives in London, UK

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BACKGROUND

The growing national and international need to address midwife shortages, retention and implement new models of care in maternity services is a policy priority.

To explore these issues a workforce survey was commissioned by the *CapitalMidwife* Programme to gathering data from NHS employed midwives and senior student midwives attending clinical placement areas across London. The aim of the survey was to capture both current and potential midwives' views about working in the capital and what would enable them to reach their full potential.

OBJECTIVES

To undertake:

a workforce survey of midwives and senior student midwives regarding retention, midwifery skills, and career opportunities.

METHODS

A mixed methods approach was employed for the study. Data was collected using two approaches:

- An online survey of all midwives working in 19 NHS Trusts in the capital.
- Focus group/discussions with student midwives attending the 7 Universities with clinical placements at the above Trusts.

Data were analysed using SPSS for quantitative data and Thematic analysis for qualitative data.

RESULTS

Data was collected between January 2019 and March 2019. 931 midwives completed the online survey (931/5592) and 250 students attended the focus groups/discussions. Positive themes identified were strong peer support, midwives feeling valued and having autonomy. Negative themes identified were: over half of Midwives surveyed observed or experienced harassment and bullying from the public and 82 % of Midwives worked additional unpaid hours to maintain a high-quality service for women.

CONCLUSIONS

The growing need to support and retain skilled midwives within the profession is paramount in order to maintain a high-quality service for women and their families. This study has identified both positive and negative issues reported by qualified and soon to be qualified midwives in a large service area.

KEY MESSAGE

The presentation will identify key issues for both organisations and policy makers to consider, with potential solutions to the issues identified.

ICMBALI-0436 - The long-term psychological observation in a postpartum women is very important.: comparative examination of physical fatigue and depressive episodes

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BACKGROUND

Majority's postpartum women are various tired, and 10–15 % of them develop postpartum depression. Previous studies have reported a correlation between fatigue and depressive episodes. However, there was no studies have verified over time-wise transition.

OBJECTIVES

The objective of this study is to examine the transition of Physical Fatigue(PF) and depressive episodes 2 and 4 weeks postpartum, and to obtain new findings.

METHODS

The subjects were 145 women who gave birth between 36 and 42 weeks of gestation in the period from April, to August, 2018 at targeted hospital. The subjects completed the fatigue scale and the scale for evaluation of depressive episodes at 2 and 4 weeks postpartum. We used a scale recommended by Japan's Ministry of Health, Labor and Welfare for the PF scale and Japanese Edinburgh Postpartum Depression Scale (EPDS) for the evaluation of depressive symptoms.

RESULTS

A strong positive correlation was found between at 2 and 4 weeks for total points of PF and EPDS ($r2 = 0.6387$). Moreover, the distribution of PF was analyzed by a concentration ellipse for each EPDS score. As a result, there was a wide range in the EPDS score at 2 weeks, but they were aggregated to a lower score at 4 weeks. PF did not differ between 2 and 4 weeks.

CONCLUSIONS

In the distribution of PF and EPDS, the change in PF was small, EPDS was concentrated to a lower score at 4 weeks, and it became clear that EPDS was improved rather than PF.

KEY MESSAGE

In Japan there is a statistical evidence in which the number of suicides rapidly increases in 3 to 4 months postpartum. Due to the above reasons, it is important to carry out sufficient psychological care as usual care early in the postpartum period. Furthermore, continuing for a long-term up to 4 months after delivery suggests that depression can be suppressed.

ICMBALI-0457 - The effects of light stimulation and co-sleeping on the sleep of infants

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BACKGROUND

Light stimulation is crucial to the sleep of infants following a circadian rhythm.

OBJECTIVES

The objective of this study was to ascertain the effects of the amount of light stimulation and other child-rearing conditions on the sleep of infants.

METHODS

Responses to a questionnaire on child-rearing conditions were obtained from the mothers of 43 infants aged 3–5 months, and the amount of light stimulation and sleep were monitored for 4 days using an actigraph.

RESULTS

Infants received an average of 133.8 ± 100.4 lx/min of light stimulation per day. Infants slept for 51.3 ± 7.2 % of every 24 h. The extent to which an infant slept was related to breastfeeding and co-sleeping. Co-sleeping infants slept significantly less during the daytime ($p < 0.01$) and significantly more during the nighttime ($p < 0.01$) compared with infants who slept alone. Multiple regression analysis was performed with the extent of sleep as the dependent variable and the amount of light stimulation and child-rearing conditions as the independent variables. The results revealed that the amount of light stimulation during the daytime was inversely correlated with the extent of sleep during the daytime ($b = –0.255$, $p < 0.01$), and that light stimulation during the nighttime was inversely correlated with both the extent of sleep ($b = –0.265$, $p < 0.01$) and the extent of active sleep during the nighttime ($b = –0.311$, $p < 0.01$).

CONCLUSIONS

These findings suggest that co-sleeping reduces the extent of sleep during the daytime and increases the extent of sleep during the nighttime, which may encourage the consolidation of sleep during the nighttime. Furthermore, conditions providing a greater amount of light stimulation during the daytime and a lesser amount during the nighttime may prompt sleep to follow a circadian rhythm.

KEY MESSAGE

Light stimulation and co-sleeping are crucial to the sleep of infants.

ICMBALI-0190 - Parenting together in the childcare stage in Japan: adjustment patterns and influential factors

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BACKGROUND

One important topic in the context of supporting child-rearing couples is how parents might be effectively empowered to function well in this phase of family restructuring, allowing them to overcome postpartum crises that may otherwise threaten the strength of their marriage.

OBJECTIVES

The present study focused on the mother's tendency to encourage or criticize the father's involvement in child-rearing. Specifically, we used the Coparental Regulation Inventory for mothers to assess themselves and for fathers to assess the mother's behavior.

METHODS

Couples were also evaluated using the marital "reality" scale, and psychological characteristics such as those evaluated in the short-form Childcare Stress Scale, the short-form Child-care Happiness Scale, and the Self-oriented Perfectionism Scale, with the aim to identify influential factors such as whether couples discussed child-rearing and other characteristic factors. Taking the appropriate ethical considerations, we distributed surveys to 1062 child-rearing parents and analyzed data from 515 who returned their survey sheets.

RESULTS

We found that mothers offering high encouragement and low criticism reported high levels of 'gratitude toward their husband,' low 'child-rearing anxiety,' and a low sense of 'lack of support from the husband.' Fathers exposed to this pattern also reported high levels of 'joy in child-rearing' and low 'mental and physical fatigue,' demonstrating that, of the 4 patterns, this pattern was observed in parents with the most favorable psychological condition. Mothers following this pattern often engaged in discussions about child-rearing with their husbands and did so at a fairly high frequency.

CONCLUSIONS

Our findings demonstrated that working to improve a married couple's views on marriage and engaging in discussion about child-rearing are valid ways to ensure that the mother restricts her criticisms of her husband and his involvement in child-rearing and instead increases her propensity to offer encouragement. This study from2017 to 2020 Ministry of Education, Basic Research C (issue 17K12304).

KEY MESSAGE

Child rearing, Mother, father, Coparenting, Influential factors.

ICMBALI-0321 - Community participation for maternal health in Sukoharjo Regency, Central Java, Indonesia: findings from a qualitative case study design

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BACKGROUND

Maternal health issues continue to present a significant threat to women and their infants, especially in low and middle-income countries (LMICs). 'Desa Siaga' (alert village) is a community participation approach that aims to reduce maternal mortality and morbidity by empowering communities to prepare pregnant women for birth in Indonesia. However, there is very limited evidence on how 'Desa Siaga' impacts on improving maternal health outcomes.

OBJECTIVES

This is the first study in Indonesia to investigate and explore the community participation approach of 'Desa Siaga' to prepare pregnant women for birth in Sukoharjo Regency, Central Java.

METHODS

A qualitative case study with 23 in-depth interviews was conducted with women, neighbours, and stakeholders in two study sites. Interview data were analysed using thematic analysis and cross-case synthesis. Interpretation was strengthened by non-participant observation of essential meetings, field-notes, reflective notes, and documentary analysis. Ethical approval was obtained from the School of Healthcare Research Ethics Committee (SHREC) University of Leeds and study permission was gained from the Regent of Sukoharjo and related parties in study sites.

RESULTS

The data are still being analyzed, but one of the emerging themes is 'Knowledge and awareness'. This theme represents that most of participants except village midwife and head of village had no knowledge towards 'Desa Siaga', even some of them never heard about the terms of 'Desa Siaga'.

CONCLUSIONS

The findings of this important study will help to inform policy makers and local stakeholders in how to maximize the positive impact of 'Desa Siaga' to improve maternal health outcomes.

KEY MESSAGE

This study will provide an in-depth understanding of the role of community participation through 'Desa Siaga' in improving maternal health. Emphasis will be placed on how 'Desa Siaga' supports pregnant women in preparing for birth, and recommendations for practice and policy will be discussed.

ICMBALI-2309 - To Analyzing the influence of midwife self-management on the performance of midwives in midwifery services at the Kupang District Health Center

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DISCUSSION

Self management which consists of 1) self-assessment, that is, midwives are able to identify and assess themselves, their strengths and weaknesses, 2) Self analysis, midwives are able to analyze their strengths and weaknesses, seek to strengthen their own strengths and overcome their weaknesses. 3) Goal setting, midwives set goals to be achieved to strengthen self-strengths and overcome personal weaknesses, 4) Self planning, midwives plan various activities needed to achieve goals using 5W (what, who, where, when, why) and 1 H (how) the activity is carried out. 5) Self motivation, midwives motivate themselves to have the enthusiasm to improve their weaknesses and increase their own capacity, 6) self-implementation, midwives do what has been planned, 7) Finding support systems, midwives try to find and find a support system that will provide assistance to overcome self-weakness or to increase self-capacity, 8) Self monitoring & evaluation, midwives monitor themselves and evaluate the progress of each activity for further improvement.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

To be applied to the services of midwifery and education, this study provides information on self-management as a strategy to improve the performance of midwives.

EVIDENCE IF RELEVANT

Patient satisfaction at the Kupang City Health Center showed that the performance of midwives in terms of effective decision making was still lacking (25 %) while the ability of midwives to develop new strategies to solve problems was also lacking (32.5 %). The impact that can arise from the low aspect of speed and accuracy of midwives in midwife decision-making in handling emergency cases is the increased risk of maternal and infant morbidity and mortality.

KEY MESSAGE

The application of self management (self assessment, self analysis, goal setting, self planning, self motivation, self implementation, finding support system, self monitoring & evaluation) has a significant effect on improving the performance of midwives.

Poster session – Education – Knowledge and experience

ICMBALI-0677 - CAFÉ international: a meeting point between outgoing and returning exchange students

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BACKGROUND

At the Bern University of Applied Sciences (BUAS), 25 midwife students (10 %) go abroad yearly for an "OVERSEA" or "Europe" exchange. In preparation of an exchange, students go through different stages: It begins with considering whether to stay in Europe or going intercontinental, deciding for an apprenticeship or a study semester, getting prepared to encounter a new culture, mastering a cultural shock coming home. In order to support students' preparation and return an annual workshop called "Café International" is offered 3–6 months before departure by the midwifery international coordinators.

PURPOSE

The aim of the workshop is to create a meeting point for outgoing and returning students in CAFÉ-style environment. Through an interactive exchange of information and experiences, students further foster their transcultural learning and global competence.

PROJECT

In preparation of the annual workshop, returning students and the international coordinators discuss experiences abroad, especially cultural critical incidents in intercultural communication and obstetric care regarding the status and social role of genders and professionals. Possible workshop contributions are jointly selected. During the 4h workshop five working sessions are implemented, e.g. speed dating, collecting personal questions, presentations by the returning students, reflection on obstetric cases and transcultural communication, group session "OVERSEA" and "Europe".

DISCUSSION

The workshop results in positive appraisals: e.g. clarification of the needed preparation, enhanced personal wellbeing through networking, professional insights by reflecting authentic obstetric cases and higher cultural awareness. At the end of the meeting, junior outgoing and senior returning students network through social media.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Midwifery education.

EVIDENCE IF RELEVANT

The CAFE-workshop is a time-tested educational activity to prepare students going abroad.

KEY MESSAGE

Transcultural learning is more than a cognitive issue. By lack of resources for a full mentoring Program, at least complementary educational activity and peer networking are crucial to support young people to work responsibly in a global community.

ICMBALI-1035 - Midwives moving on: an inter-university initiative to improve midwifery students' cultural competence, knowledge and experience

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3 *University of Brighton, School of Nursing and Midwifery, Brighton, United Kingdom*
4 *Mälardalen University, Division of Caring Sciences, Västerås, Sweden*
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6 *JAMK University of Applied Sciences, School of Health and Social Studies, Jyväskylä, Finland*
7 *Tallinn Health Care College, Midwifery, Tallinn, Estonia*
8 *Alexander TEI of Thessaloniki, School of Health & Welfare Professions, Thessaloniki, Greece*

PURPOSE

Increasingly, midwives work with women from a variety of cultural backgrounds, and must develop cultural competence to be able to provide quality care. Exposure to international practice can assist this. International exchange opportunities enable health professionals to develop confidence and resourcefulness, build their personal and professional network, and sharpen their communication skills.

The three-fold purpose of this ongoing project is to:

- offer midwifery students international opportunities and to facilitate an international experience for those students who do not take part in regular mobility schemes,
- facilitate face to face and virtual international exchange (through the Collaborative International Online Learning, or 'COIL' process) of students and staff, and
- develop a program for internationalisation of research within the partner institutes.

DISCUSSION

The project is titled 'Midwives Moving On' ('MiMO'), and involves partner universities meeting annually in person and virtually to plan activities for the following 12–24 months.

The MiMO initiative now includes an eight-university student exchange program. Student feedback provides evidence of the ways in which this activity has enabled them to, for example, develop a broader perspective about and appreciation for cultural difference, heighten their awareness of innovative practices, and improve their initiative and employability. The MiMO group is also undertaking research to develop common competencies for midwifery students on international placement, and developing ways of bringing students and academics together in virtual mobility opportunities.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Providing midwifery students and educators to work with those from other countries and experience different maternity care systems and cultures strengthens midwifery and midwifery employability across the globe.

EVIDENCE IF RELEVANT

The MiMO Facebook page can be accessed via the following URL: www.facebook.com/midwivesmovingon.

KEY MESSAGE

Partnership working to facilitate learning, teaching and research enhancement has the potential to increase the impact of midwifery globally.

ICMBALI-1834 - Promoting innovation and creativity in future midwifery practice: empowering students to develop entrepreneurial skills through enterprise placement learning

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PURPOSE

Concerns relating to quality and safety in maternity services are key drivers for improvement. Together with women, midwives are central to identifying opportunities and to drive change in practice where improvements may contribute to a better birth experience (National Maternity Review, 2016) and outcomes of care.

DISCUSSION

This work focuses on the development of a two week enterprise and innovation placement opportunity for senior student midwives, offered in the last six months of their midwifery programme. Students are encouraged to identify specific objectives to be achieved during this placement which are used to focus activities. The placement introduces the student to the concepts of innovation and entrepreneurship in healthcare, with an emphasis on the process of developing ideas from infancy to completion. Reflection and presentation of ideas are key motivators for students and although a new development, to date this placement has been well evaluated.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Midwives may lack the confidence and autonomy to propose changes in practice and as a result the opportunities to develop innovative practice may be lost. Developing innovation in midwifery care is dependent on midwives having the skills and courage to identify areas that require change and the creative and leadership skills to make change happen. It is suggested that this process begins within student education where students can be encouraged and supported to consider how they can contribute creatively to the development of maternity services.

EVIDENCE IF RELEVANT

National Maternity Review (2016) Better Births: Improving Outcomes of Maternity Services in England. London: NHS England.

KEY MESSAGE

In order to develop maternity services which are responsive to women's needs and reflect the changing social landscape, student midwives must be empowered to think creatively and be supported to develop their skills to produce innovative ideas which may lead to improvements in women's maternity experience and outcomes of care.

ICMBALI-2023 - New experience of EBC-TOT for teachers of midwifery training programs in México, 2017–2018

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PURPOSE

To train teachers of professional midwifery in Mexico as trainers of competency-based education (EBC-TOT). UNFPA and the MacArthur Foundation developed a training plan at EBC, during 2017–2018. Unlike the programs implemented in Latin America (1), two stages were established due to the heterogeneous knowledge of teachers in Mexico.

DISCUSSION

A diagnosis showed that they were not being used in curricular activities, teaching, learning and evaluation methodologies in EBC and essential ICM competencies were unknown. Training by competences was planned in two stages, a basic EBC workshop, where general topics of EBC, principles of training and general didactics and evaluation were embroidered. The second stage trained teachers are trained as EBC-TOT trainers. They deepen EBC training and develop skills in the implementation of teaching, learning and evaluation methodologies in EBC. Demonstrate application of the concepts and techniques in EBC and commit work plan to be certified as Teachers in EBC. 8 teachers were certified as teachers in EBC and 3 as teachers in EBC, plan and implement training programs in EBC for teachers of their institutions training 74 teachers. Plan the training in EBC in two stages, allowed to have more committed teachers, level in knowledge in EBC and a good level of performance is achieved.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Training professional midwives should focus on competencies, therefore training teachers in EBC, is a priority for training institutions of professional midwives.

EVIDENCE IF RELEVANT

1) Thompson, JB, Fullerton, JT, Carr, C, Elgueta, P, Hebert, E., Luyben, A. (2017). Global Workshops in Midwifery Competency-Based Educational Methodologies: Lessons Learned. International Journal of Childbirth 7 (1): 4–17.

KEY MESSAGE

Competencies.

ICMBALI-1587 - Professional identity, early engagement, and connection in commencing Bachelor of Midwifery students in a blended learning program

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PURPOSE

To describe the design and evaluation of a successful orientation program for commencing students that reflects the underpinning midwifery and educational philosophy of the Bachelor of Midwifery program.

DISCUSSION

The Griffith University Bachelor of Midwifery program is an undergraduate degree delivered through blended learning. The curriculum is underpinned by a social emancipatory model of transformative education. Facilitating students to be active participants within their own learning and in the health care system. Developing a sense of connection and a sense of purpose in the early weeks is essential to the success and retention of commencing students.

The orientation program contributes to engagement and retention and facilitates the foundation for a social emancipatory model of education. The activities within the orientation program facilitate connection with their cohort, other students in the program and with the teaching team. The midwifery and educational philosophy of the curriculum underpins the sessions. The opportunity to form early connections has supported students to manage the challenges of a blended learning program. Students report a sense of belonging that contributes to the ability to make a tangible difference for childbearing women and their families.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Facilitating learning relationships is an important focus for orientation programs. A sense of belonging and professional midwifery identity is protective when transitioning to university and facing tensions between theory and practice.

EVIDENCE IF RELEVANT

The students' experience of the orientation program is evaluated in an online student experience survey. Students commencing their undergraduate studies are sent emails inviting them to participate and evaluate their experiences of orientation and transition within their degree program. Almost 90 % of Bachelor of Midwifery students completing the survey (N = 48) reported the orientation prepared them well for the early weeks of learning and were satisfied with the experience.

KEY MESSAGE

A well-designed orientation program can facilitate early learning relationships and professional midwifery identity.

ICMBALI-0135 - Cooking for two: experiential learning of food, culture, and childbearing

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PURPOSE

An existing learning activity for midwifery students studying labor, birth, postpartum and newborn care, called "Celebrating Cultural Diversity in Childbearing", was extended to include an experiential component identifying a recipe related to a selected culture, cooking and photographing the finished dish, and contributing a submission to a cookbook. Five cohorts of students participated in this unique learning experience that resulted in 2 editions of a self-published cookbook titled Multicultural Meals with Midwives: A Cookbook for the Childbearing Year.

DISCUSSION

Cultural beliefs and preferences around food choices are particularly important during pregnancy, childbirth, and the postpartum period. Food fuels the body and provides the building blocks for fetal growth, maternal health, breastfeeding success, and newborn health. There are many cultural prescriptions and prohibitions regarding what foods women may or may not eat before, during, and after pregnancy. Practical knowledge of recipes and cooking methods is an embodied skill set that engages all the senses. Food is an important aspect of culture, as unique to a culture as its language. This presentation will share some of the learning and connections made during this project.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Exploring cuisines and cooking techniques of various cultures can inform a midwife's dietary counseling with practical and palatable suggestions designed to nourish women's bodies at a time when nutrition is critical to positive health outcomes.

EVIDENCE IF RELEVANT

Engler-Stringer, R. (2010). Food, cooking skills, and health: a literature review. *Canadian journal of dietetic practice and research*, *71*(3), 141–145. Trubek, A. B., & Belliveau, C. (2009). Cooking as pedagogy: engaging the senses through experiential learning. *Anthropology News*, *50*(4), 16. Accessed 10/21/2018 at https://anthrosource.onlinelibrary.wiley.com/doi/pdf/10.1111/j.1556–3502.2009.50416.x

KEY MESSAGE

This experiential activity connecting childbearing, culture and food helped students develop a more wholistic view of diet counseling, sparked important social connections, and provided a deeper level of engagement in understanding their chosen cultural group.

ICMBALI-1610 - Midwives and interprofessional education to promote early childhood health: cultural competence in a community-based project between the current and future generation of the health workforce

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2 *Instituto Sedes Sapientiae, Departamento de Psicanálise, São Paulo, Brazil*
3 *Universidade de São Paulo, Departamento de Análises Clínicas e Toxicológicas- Faculdade de Ciências Farmacêuticas and Departamento de Física Geral- Instituto de Física, São Paulo, Brazil*

PURPOSE

Understanding of the aspects involved in the baby's relationship with the family, the health team and the community is a core competency for the profession, shared with other health professions.The objectives are: 1) to describe an interprofessional and interdisciplinary experience involving the Promotion of Health in Childhood in primary health care services and 2) to reflect on the potential and limits of this type of experience for the development of competence and the training of midwives in Brazil.

DISCUSSION

The educational experience called "Child Development Follow-up Group" was designed as an interprofessional team work to promote the development and integral care of the baby and his family in Primary Health Care, to deepen the learning about the multidisciplinary practice that involves child development, and to create opportunities for intersectoral dialogue, exploring new settings and strategies for health promotion.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Early childhood health education emerges as an opportunity for interaction between distinct knowledge and professional practices, and between sectors dedicated to the defense and promotion of Health.

EVIDENCE IF RELEVANT

The educational experience called "Child Development Follow-up Group" was designed as an interprofessional team work to promote the development and integral care of the baby and his family in Primary Health Care, to deepen the learning about the multidisciplinary practice that involves child development, and to create opportunities for intersectoral dialogue, exploring new settings and strategies for health promotion.

KEY MESSAGE

Experiential learning, going through strategies for the Promotion of Health in Children in Primary Health Care provides a founding step for the professional development in the approach to the global challenges, contributes to the recognition of the cultural aspects involved in the attention to children health and allows a new perspective for the work of midwives in the Primary Health Care instruments, acting the integrality and the longitudinality of the care, connected to the families.

ICMBALI-1807 - Creation of a digital avatar to enhance novice student midwives' learning

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PURPOSE

The purpose of this poster presentation is to showcase an avatar that has been developed at a University in England. The virtual 'patient' is a serious gaming product that is introduced to first year BSc degree student midwives to complement their theoretical and practical learning. This is to meet the Nursing and Midwifery Standards for Midwifery Education (NMC 2009).

DISCUSSION

Currently, students may qualify as midwives without having been exposed to all elements of midwifery practice when complications and emergencies arise. The digital avatar provides a safe virtual world to simulate practice and demonstrate principles of high quality care based on scientific evidence. The customisable avatars have their NHS maternity care planned and 'delivered' by student midwives, from the antenatal booking visit to the six-week postnatal discharge of the mother and baby by the General Practitioner. This is to help the students to bridge theory and practice and provides an ongoing interactive activity to accelerate their learning. The role of internal digital media students at the University is to create text based adventures for the student midwives. The role of computing experts is to develop on-line quizzes, interactive scenarios and formative assessments, to provide feedback to students. Storyboards and briefings have been developed by the midwifery team.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Through this interactive approach, using an avatar, students will be better prepared for practice. They will also have a deeper understanding of provision of safe, compassionate care.

EVIDENCE IF RELEVANT

NMC (2009) Standards for pre-registration midwifery education. London: NMC.

KEY MESSAGE

The aim of this digital initiative is to make learning fun through serious gaming, whilst also finding new ways to improve maternity care of women, their babies and families.

ICMBALI-1334 - Group prenatal care as a practical teaching and learning project

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2 *Zurich University of Applied Sciences Institute of Midwifery, School of Health Professions, Zurich, Switzerland*

PURPOSE

The School of Health Professions including midwives, nursing, occupational therapy, physiotherapy and health promotion and prevention will move into a new building in 2020, which contains a therapy and training centre with an outpatient clinic. Furthermore, the new revised curricula for Bachelor's and Master's degree programmes will be implemented in 2020. These conditions create the opportunity to involve students actively in the care of real clients. The Institute of Midwifery is developing an innovative service that offers group prenatal care involving midwifery students under supervision of experienced lecturers. Group prenatal care (Manzzoni&Carter,2017) is a new model of care in Switzerland. The WHO guidelines (2016) and ACOG (2018) recommend that each woman have a choice of individual antenatal care or group prenatal care.

DISCUSSION

The project startet in 2019 with the Goal of implementation "Group prenatal care as a practical teaching and learning project" in 2020 and a first evaluation in spring 2021 including the experience of all participants.

Is group prenatal care an effective practical setting for advanced midwifery students to learn different models of care and women empowering approaches? What benefit have Swiss women, students and lecturers with this model of care and learning environment?

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

The implementation of the project enables students to work with real clients, critically reflect their competencies, and experience a direct transfer of theory into practice. It also allows experienced lecturers to maintain their practical relevance in the sense of a double competence profile.

EVIDENCE IF RELEVANT

Rijnders, M., Jans, S., Aalhuizen, I., Detmar, S., & Crone, M. (2018). Women-centered care: Implementation of CenteringPregnancy® in The Netherlands. *Birth*, *0*(0). https://doi.org/10.1111/birt.12413

KEY MESSAGE

Group prenatal care is a new model of care in Switzerland. Women learn from each other and empower themselves. Midwifery students are involved in the prenatal care and have a direct transfer of theory into practice.

ICMBALI-1232 - UMN-KUMS midwifery faculty partnership

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1 *Kabul University of Medical Sciences, Midwifery, Kabul, Afghanistan*
2 *University Support and Workforce Developement, Bachelor Degree Programs, Kabul, Afghanistan*
3 *Kabul University of Medical Sciences, Nursing, Kabul, Afghanistan*
4 *Mnipal Academy of Higher Education, Nursing, Manipal, India*
5 *University of Rwanda, Midwifery, Kigali, Rwanda*
6 *University of Minnesota, Nursing, Minnesota, USA*
7 *University of Minnesota, Midwifery, Minnesota, USA*

PURPOSE

To describe the successful partnership between University of Minnesota (UMN) and Kabul University of Medical Sciences (KUMS) midwifery program, that has been designed to benefit Afghan midwifery faculties at KUMS regarding midwifery knowledge and professional skills, and familiarity to new midwifery educational methods.

DISCUSSION

Following the partnership: 1) KUMS Midwifery department could review, revise and bring final updates to its curriculum 2) midwifery faculties implemented new instructional methods and assessment approaches within KUMS midwifery curriculum 3) KUMS midwifery department received useful materials such as textbooks, models, office and classroom equipment to support faculties and students. Recently, Afghanistan Ministry Of Higher Education has agreed to stablish a separate midwifery school in KUMS and will increase the number of midwifery faculty members. KUMS midwifery program needs to have sustainable partnership with UMN and other midwifery colleagues to continue improving midwifery bachelor education at KUMS.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Application: In midwifery education.

EVIDENCE IF RELEVANT

Some pictures.

KEY MESSAGE

Collaboration and having exchange with other midwife colleagues is very effective way to improve and update knowledge and skills.

ICMBALI-1518 - The power of partnership: building capacity to improve maternal and child health care in Indonesia

K. Graham[1], *L. Sweet*[1]

1 *Flinders University, College of Nursing and Health Sciences, Bedford Park, Australia*

PURPOSE

To share experiences of working with Australian and Indonesian midwives, nurses and doctors to build capacity in education, research and community development in Indonesia. We aim to encourage midwives to harness the power of inter-disciplinary and inter-organisational partnerships to improve maternal and child health care.

DISCUSSION

There is a growing recognition of the power of inter-disciplinary and inter-organisational collaboration in education, clinical practice and research to improve health service provision and outcomes. Partnerships between health disciplines harnesses the collective strength of practitioners in their many professional spheres of work and influence (1).

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Developing inter-disciplinary capacity to improve maternal, newborn and child health outcomes in Indonesia has been the ongoing focus of Flinders University and their Indonesian partners. Through three successive DFAT Australia Awards Fellowships programs, we are harnessing the collective knowledge, skills, influence and networks of academics, clinicians and partner organisations. Through engagement in collaborative inter-disciplinary and inter-organisational learning, mentoring and sharing of research, educational and community based innovations, we are building the capacity of midwives, nurses and doctors in Indonesia, to improve maternal and child health outcomes. Through sharing our experiences of developing partnerships, working together on joint activities, and lessons learned along the way, we aim to inspire midwives across the world to engage in inter-disciplinary and inter-organisational partnerships in their own sphere of practice and improve the health and well-being of women and children.

EVIDENCE IF RELEVANT

(1) Nystrom, M., Karltun, J., Keller, C., & Gare, B. (2018). Collaborative and partnership research for improvement of health and social services: researcher's experiences from 20 projects. *Health Research Policy and Systems.* 16(46).

KEY MESSAGE

The power of inter-disciplinary and inter-organisational partnerships can improve maternal and child health care.

ICMBALI-1844 - Teaching intact cord resuscitation to birth practitioners

T. Hewitt[1]

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PURPOSE

Intact cord resuscitation is an innovative practice which can be taught as part of newborn resuscitation training to boost the confidence and understanding of birth practitioners.

DISCUSSION

While deferred cord clamping is now common for healthy term neonates, it cannot be safely implemented for babies that fail to breathe at birth without a knowledge of intact cord resuscitation. Demonstrating intact cord resuscitation and providing an opportunity to practice this skill may improve a practitioner's ability to make rapid and appropriate decisions at birth about when and whether to transfer a baby to a resuscitation table.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Teaching intact cord resuscitation is a relatively new practice for some educators and this poster illustrates how simulation training may be adapted to encourage health professionals to extend the time for placental transfusion, without compromising the newborn by delaying resuscitation.

EVIDENCE IF RELEVANT

The evidence around deferred cord clamping has consistently demonstrated improved infant outcomes resulting from increased placental transfusion. Recent physiologic studies have discussed how maintenance of an intact cord until after onset of ventilation may limit the degree of further injury in the asphyxiated newborn. I am currently engaged in research for my Master of Midwifery investigating cord clamping at term vaginal births in New Zealand which will further add to our understanding of the practice.

KEY MESSAGE

The implications are for a wider transfer of the message of intact cord resuscitation to an international team of midwifery educators and the resulting improvement in neonatal outcomes.

ICMBALI-1689 - Midwives: the prime cadre for delivering post-pregnancy service delivery

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1 *Pathfinder International, Pakistan Office, Karachi, Pakistan*
2 *Pathfinder International, Programs, Karachi, Pakistan*

PURPOSE

In Pakistan, midwives' pre-service training includes no clinical skill practice. Per the policy brief by Research and Development Solutions on CMWs, this cadre has been limited by weak community integration and poor skill sets. Furthermore, while many CMWs are young, ambitious, and freshly trained, they are not seen as trustworthy or experienced by the community. Pathfinder International through its Naya Qadam Project is taking a unique multi-sectoral approach to ensure a multi-dimensional capacity building of CMWs, at pre-service and in-service levels.

DISCUSSION

Pathfinder is devising mechanisms to improve sustainability of CMWs including upgrading job description, revising curricula and strengthening business skills and opportunities. Pathfinder will share its experience working with community midwives curriculum, developing training packages and guidelines, as well as its collaboration with public and private sector.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

This presentation highlights a model that can be duplicated for midwives in other countries.

EVIDENCE IF RELEVANT

Pakistan identified midwives as the key workforce to meet the needs of the more than half (58 %) of the population who do not have access to healthcare, especially maternal and neonatal health care. [1] However, Pakistan's midwifery programs do not follow international guidelines and are not meeting women's and family's needs. [1] State of the worlds midwives ,Cited 10th may 2019 at https://www.unfpa.org/sowmy.

KEY MESSAGE

In response to the great needs for quality midwifery care in Pakistan, Pathfinder is employing a multi-faceted approach to ensure a multi-dimensional capacity building of CMWs.

ICMBALI-2228 - The electronic practice assessment document (ePAD): preparing midwives of the future

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1 *Cardiff University, School of Healthcare Sciences, Cardiff, United Kingdom*

PURPOSE

The policy paper 'The Future of Healthcare - Our Vision for Digital, Data' (GOV 2018) identifies that the health and social care services are lagging in the adoption and utilisation of healthtech and innovation and that digital literacy skills are crucial to resolving this. Whilst widespread changes in HEIs are playing a role in developing these skills, they have largely related to the academic arena, rather than practice. In 2015–16 newly developed IT software presented the opportunity to digitalise the practice assessment document. This presentation identifies if workplace-based learning can be documented using digital technology, enhancing digital literacy skills.

DISCUSSION

The implementation of an ePAD for the B Mid (Hons) programme. Consideration is given to three key stakeholders; students, mentors and lecturer/reviewers. The evaluation explores the effectiveness of the ePAD 1. to document practice achievements 2. to review and support student progress.

Evaluation suggests that the ePAD is effective for documenting student achievement and learning. Positives include portability and security of data. However, there are areas of concern; security of hardware and technological ability. Implementation requires consideration of 1. organisational support 2. project management (system administration, troubleshooting, networking and developing) 3. educational requirements: all stakeholders 4. financial costs 5. human investment. Consideration must be afforded to the attributes of an innovation and the human factors that are involved in its adoption; individual, situational and contextual factors (Rogers 1995).

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

The ePAD can enhance student experience and develop digital literacy. It has the potential to influence professional learning of the current midwifery workforce.

KEY MESSAGE

Despite its challenges, evidencing practice learning in a digital format has the potential to develop digital literacy. However, adopting IT developments, in this case, paper to digital, is more than a change of medium. The ePAD provides a game-changing opportunity to embed and leverage digital practices.

ICMBALI-0159 - Literature review of self-sampling for human papillomavirus (HPV) using vaginal tampons and other cervical cancer screening techniques

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2 *Hokkaido University, Graduate School of Health Sciences, Sapporo, Japan*
3 *Hokkaido University, Faculty of Health Sciences, Sapporo, Japan*

PURPOSE

Recently, there has been focus on self-sampling for HPV 16/18 types due to an increase mortality rates among young women with cervical cancer in developed countries. This study aimed to compare between the accuracy of diagnosis of cervical intraepithelial neoplasia (CIN) through self-sampling for HPV and detection a physician-operated Pap smear screening test, according to the basic material reproductive health and rights of young women.

DISCUSSION

We evaluated the accuracy of the self-sampling method regardless of whether a device was inferior to physician-operated sampling. As a result, the sensitivity of self-sampling using cotton swab and tampon was high compared to with self-sampling using a brush; in contrast, the specificity of self-sampling was almost the same as that of physician-operated sampling.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Even in countries where obstetrics and gynecology doctor is insufficient, the midwives who having the knowledge about self-sampling can prevent cervical cancer in young women.

EVIDENCE IF RELEVANT

In Sweden, the sensitivity and specificity of self-sampling with high-grade squamous intraepithelial lesions (HSIL) was 81 % (67–95) and 49 % (37–60), liquid-based cytology (LBC) operated physician with HSIL was 90 % (80–100) and 53 % (42–65). In the UK, the detection of CIN2+ was as follows: self-sampling using vaginal tampons, 76 % (65–85) and 61 % (56–66); and physician-operated sampling using PCR and Hybrid Capture-2® (HC2), 92 % (83–97) and 46 % (41–51). In Japan, the detection of > CIN2+ was as follows; self-sampling using Evalyn Brush®, 59.4 % (49.4–76.3) and 65.4 % (56.2–74.5); and physician-operated using cytopic and HC2, 100 % and 51.0 % (41.4–60.6). In Canada, the detection of CIN2+ was as follows: self-sampling using HerSwab™, 87.6 % (79.8–93.2) and 58.1 % (54.1–62.1); self-sampling using the cobas® swab, 88.6 % (80.9–94.0) and 55.0 % (50.9–59.0); physician-operated sampling, 92.4 % (85.5–96.7) and 58.7 % (54.6–62.6).

KEY MESSAGE

Self-sampling is useful to ensure reproductive health and rights of young women.

ICMBALI-1515 - Advancing education in midwifery in graduate nursing program through faculty development through global institutional academic partnership

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PURPOSE

This paper describes how a faculty development program through Global Institutional Academic Partnership provides positive influence to a faculty member, educational methodologies and pedagogy of midwifery education in graduate level nursing program in Japan.

DISCUSSION

Midwifery Education in Japan is transitioning from 1-year diploma program after obtaining an RN license to 2-year graduate program with advance practice focus. Traditional midwifery education relies on in-class instruction, skills lab, and clinical practicums. However, Japanese midwifery students often face challenges retaining subjects' contents due to passive learning such as listening to the lectures and reading books. Also, leadership development aspect in advance level learners has been missing in the graduate level midwifery education.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

A midwifery faculty member joined a one-week faculty development program through Global Institutional Academic Partnership at one of the Global Partner Schools in the United States to participate in Doctor of Nursing Practice (DNP) program focusing on Advanced Practice Nursing Education. The faculty observed and participated in advanced level clinical focused classes which employs student-centered learning. Faculty members and Students prepared the subjects contents and the students deliver the subject matters in the classroom. During the faculty development, the faculty was able to be trained in the methodologies to prepare and adopt the active learning in the midwifery classroom in Japan.

OUTCOMES

1) The faculty was able to adopt the student-centered active learning method in the classroom immediately after the return from the faculty development.
2) Graduate midwifery students were invited to actively engage in learning subject matters by self-directed learning and coaching by the faculty.
3) Learning behaviors and satisfaction of students have improved by positive feedback.

KEY MESSAGE

A short-term participatory faculty development program in Advanced Nursing Practice Program in US through Global Institutional Academic Partnership has potential to positively influence to advance graduate midwifery education in Japan.

ICMBALI-1924 - Health promotion in the field of community midwifery using e-learning methods

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PURPOSE

To describe how the e-learning methods has helped improve the professional skills of Afghan midwives in promoting community midwifery in the field of reproductive health of girls education.

DISCUSSION

E-learning course is created in Moodle environment which is easy to access. The course volume is 130 h, which include contact lessons in Skype and an independent work in Moodle with learning materials, discussions in forums, video watching, case resolutions analyses. Learning content is women life span, family planning, contraception, prevention activities in community, communication and counselling skills etc. Course participants' knowledge is assessed through tests and personal feedback.
The main task of midwives is to promote community health through health education seminars or activities in community schools. The target group is schoolgirls.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Since 2015, Tallinn Health Care College has contributed to improve Afganistan midwives professional and IT training in the field of community midwifery. The e-learning course will be conducted within the framework of the project with NGO Mondo and Tallinn Health Care College "Improving the quality and access to reproductive health services and girls education in Afganistan." The impact on the quality of Afghanistan midwife education is noticeable. With the support of the e-course, midwives have given reproductive education to Afghan schoolgirls.

EVIDENCE IF RELEVANT

Midwives' satisfaction with the e-course is very high. During 4 years, approximately 90 Afghan midwives from North and East Afghanistan have participated in an e-course. The trainings will affect around 9000 schoolgirls who have received reproductive health education which improves their health and quality of life.

KEY MESSAGE

Health Promotion in the field of Community Midwifery using E-Learning methods is an effective method to improve Afganistan midwives professional and IT skills and thereby improve the efficiency of midwifey. The framework project will continue. This project has been recognized by the Afghan Ministry of Education.

ICMBALI-2192 - Human rights in childbirth: a topic for midwifery students?

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PURPOSE

In many countries there is a problem of learned or enforced powerlessness of women and a lack of knowledge about Human Rights in Childbirth (HRiC) and the related responsibility of health care providers. This often leads to a lack of respected rights in the context of pregnancy and early motherhood. Health care professionals, affected mothers and educating midwives should work together on concepts, which help to realize the consideration of human rights for women in the childbearing period. Teaching HRiC to midwifery students offers a big chance, because their identity as a midwife is strongly influenced by the education process. They can learn strategies in dealing with ethically complex situations and gain knowledge to understand the meaning of Human Rights for their work and the wellbeing of women and families.

DISCUSSION

In the Study Programme Midwifery at the University of Applied Sciences in Bochum, students work constantly on themes as humanism, forms of violence and other human rights related issues. The research group called "Midwifery and Reproductive Health" organizes also a yearly conference, where students, doctors and midwives from hospitals and birth houses work together on topics related to HRiC. Midwifery professors and mothers from the NGO "motherhood" guide the workshops and offer their knowledge and skills. All participants evaluate their personal learning process by a questionnaire.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

The issue of HRiC should be part of the midwifery education. Especially common projects with students, health care providers, mothers and educators, offer the chance for a strong learning process and the implementation of Human Rights in practice.

EVIDENCE IF RELEVANT

A. U. Lokugamage, A.U.; Pathberiya, S.D.C. (2017). Human rights in childbirth, narratives and restorative justice: a review. *Reproductive Health* 14:17. https://doi.org/10.1186/s12978-016-0264-3.

KEY MESSAGE

The realization of human rights for women in childbirth needs the constant collaboration from midwives, doctors and NGOs including the educators and the universities.

ICMBALI-0336 - Leading from the start: the birth of an innovative 4-year undergraduate Master in Science Midwifery with Leadership programme

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PURPOSE

There are many challenges requiring consideration when developing new undergraduate pre-registration curricula to ensure the future midwifery workforce is fit for practice/purpose in all aspects of the profession: clinical practice, education, leadership or research. These include an ageing workforce (1), alongside the increasing complexity of health needs requiring sufficient numbers of new registrants and educators to facilitate student learning. Reviews into UK midwifery practice and education advocate for improved leadership within the health services (2, 3,); skills traditionally acquired post-registration by only certain midwives.

DISCUSSION

This paper discusses the progress made in developing an undergraduate pre-registration midwifery with leadership programme, where leadership potential is nurtured from the beginning, ultimately serving to increase midwifery leadership capacity in the long-term.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

The evidence for an enhanced level of business, entrepreneurial and communication acumen prompted the university to be at the vanguard in leading the development of a pioneering pre-registration midwifery *with Leadership* programme incorporating cross-university teaching excellence and inter-professional learning with healthcare/business students. Developed within a business partnership model with local NHS Trusts, graduates are anticipated to be fast-tracked into leadership roles. Short elective placements/internships embracing all aspects of midwifery leadership roles where the students are nurtured in developing their leadership potential and leadership learning sets facilitated by local midwifery leaders, are key features.

EVIDENCE IF RELEVANT

1 Royal College of Midwives (2016) Why Midwives Leave: Revisited, London, RCM.

2 Department of Health (2016) *National Maternity Review. Better Births. Improving outcomes of maternity services in England. A five year forward review for maternity care.*

3 Kirkup, B (2015) *The Report of the Morecambe Bay Investigation,* Preston, Lancashire, TSO.

KEY MESSAGE

The midwifery profession not only requires competent and confident midwives to deliver safe, effective and compassionate care it also requires similar qualities from its leaders. This pioneering programme, aims to address this from the very start of a midwife's education.

ICMBALI-0390 - Psychological needs of midwifery students of diploma in midwifery education in Bangladesh

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PURPOSE

To develop competent and compassionate midwives and to increase the usage for maternal health services, particularly in under-served rural areas in Bangladesh, JPGSPH of BRAC University started Developing Midwives Project (DMP) in 2012. DMP runs this three year diploma course in seven academic sites located in six different districts. These midwifery students come with a diverse cultural and psycho-social contexts as DMP gives special emphasis on ethnic minority and marginalized communities. 30 % of these young girls are underprivileged and approximately 50 % are from lower income family. Given the critical early adulthood, socio-economic background and academic pressure; it can be hypothesized that these young students will go through different psycho-social crisis and develop some psychological symptoms along the way. This present paper aims to explore the mental health condition of these midwifery students and effective ways to address them.

DISCUSSION

The nature of mental health conditions of these midwifery students were assessed through 63 *individual sessions*, 52 *group sessions, 30 hotline calls, voice box reports and observation*. The findings has been categorized into three major themes including *behavioral, emotional and interpersonal* presentations. Based on these data psychological support were planned and are being provided in three levels: firstly, *Preventive Measures*, secondly, *Cognitive Behavior Therapy (CBT) based interventions* and thirdly, *Emergency Crisis Management*.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

With proper psychological support including *awareness workshops, need based psycho-social training, individual and group counseling, hotline counseling support* and *Progressive Muscular Relaxation* etc. these symptoms were reduced and critical psychological condition were managed.

EVIDENCE IF RELEVANT

Through different level of such psychological support students are now able to develop a better sense about their capability and confidence as well as a remarkable understanding of their self-growth and professional vision.

KEY MESSAGE

It is very important to assess student's psychological needs during their academic years and provide appropriate psycho-social support to utilize their full potentials.

ICMBALI-0517 - The use of facilitated simulation in obstetric emergencies – experiences

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BACKGROUND

At present, in the Czech Republic the use of simulation in Obstetric emergencies is used only marginally, during pre-registration midwifery training. In general, for the purpose of continual professional development there are no clear criteria and requirements. In terms of study days for midwives, simulation is very rarely used.

DISCUSSION

Using this form of education helps to achieve learning outcomes and brings the reality of the scenario to the learner. It helps the participants to improve communication skills within the team and importantly to appreciate roles within the team, which leads to safe and effective management of the situation. The feedback by the facilitators and learners helps with self-reflection.

AIM

The aim was to use simulated situations during pre-registration midwifery training in order to better prepare the midwifery students for real life scenarios. Furthermore, to enhance their skills working as a team and analyse the importance of using the multidisciplinary team. Simulation-based training improves patient morbidity and mortality and reduces clinical risk. Therefore, the authors would like to use this framework for future compulsory part of continuing professional development for qualified midwives.

PROJECT

The authors currently use simulation-based training for pre-registration midwifery students in following obstetric emergencies: postpartum hemorrhage, shoulder dystocia and neonatal resuscitation. Its effectiveness is evaluated via feedback forms with pre-set required learning outcomes as well as knowledge pre-test and post-test.

KEY MESSAGE

The use of simulation sessions in order to keep midwifery skills in obstetric emergencies up to date is one of the most effective teaching techniques. This method is used in many developed countries across the globe.

ICMBALI-0368 - Before, during and after a disaster: resources and the role of the midwife

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PURPOSE

Disasters are natural or man-made. These life-altering events have both acute and long term sequelae. With natural disasters there is evidence of global warming along with the impact of human activities on global climate change. Ways in which climate change can influence human health are varied: lack of food and safe drinking water, poor sanitation, population migration, changing disease patterns and morbidity, more frequent extreme weather events, and lack of shelter. Vulnerable societal members can be pregnant women, the developing fetus, and young children. They are often already marginalized in many countries. Women, especially pregnant women have special physical and psychosocial needs.

Disaster preparedness refers to measures taken to prepare for and reduce the effects of disasters and encompasses: prevention, protection, mitigation, response and recovery.

DISCUSSION

We must improve disaster preparedness-related skills of healthcare professionals. It is necessary for disaster relief teams to have experts in maternal health to improve women's health outcomes. Midwives expertise and focus on health promotion, risk reduction and disease prevention are ideal to fill these roles. Midwives need to provide education on how to prepare for emergencies, disasters, and catastrophic events.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Each midwife will need to evaluate their practice and explore what needs to be accomplished. Preparation, training activities, along with engaging in curriculum to master competencies or expanded certification allows midwives to develop new or share existing skills needed to respond effectively to meet the needs of individuals, families, and their communities.

EVIDENCE IF RELEVANT

This presentation will review resources to strengthen the role of midwives before, during and after disasters.

KEY MESSAGE

Midwives can assist with disaster preparedness and help to mitigate vulnerabilities, when possible, to reduce damage or loss of life. As well, they can help empower pregnant women with knowledge of how to handle their special needs in times of crisis.

ICMBALI-1665 - Strengthening evidence based midwifery care in the intranatal and the immediate postnatal period in the private settings around Kampala Uganda

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PURPOSE

It was evident that evidence based midwifery is not known to many midwives in Uganda because it is not stressed in the certificate, and diploma training schools around the country. Many midwives are taught in school, do practice but they don't know the rational of their practices, and the majority do practice the olden midwifery which is outdated.

DISCUSSION

After realising the gap in the practice, I had to think about mentoring midwives working in the private setting around the capital of the country, so far i have managed to teach in two hospitals the evidences of intranatal care, new born care and immediate postpartum care. This all information I learnt from school as i was upgrading to a bachelor's degree midwife, I realised that I and my colleagues from school were practising differently from the midwives in the private hospitals yet their practice had a negative impact on the maternal health. Midwives were practicing fundal pressure, routine suctioning of a crying baby, babies put away from the mother immediately after delivery and many other practices. After the teaching all babies had to be skin to skin with the mother and breastfeeding initiated immediately, fundal pressure was stopped, and all crying babies were to be wiped with a gauze only with no sunctioning.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

The CME conducted helped the midwives to have updated practices, and many are willing to mentor many young midwives to improve on the competences of the midwives.

EVIDENCE IF RELEVANT

The evidence I used was the WHO recommendations for a positive birth outcomes, the essential care for every new born baby, and WHO recommendation for postnatal care. after training midwives became positive towards the practice.

KEY MESSAGE

There is need to strengthen midwifery training in the Ugandan schools.

ICMBALI-1269 - The development of a student education program for strengthening midwifery diagnosis in labor: an approach using simulation videos

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PURPOSE

The Japanese Nursing Act stipulates that midwifery students are required to assist in more than nine deliveries during their studies. However, the country's declining birthrate makes it difficult to secure training facilities. This research aims to develop an education program for midwifery students using simulation videos which are easily introduced into in-school exercises.

DISCUSSION

The learning achievements were set based on the standards for skill attainment level for midwifery students established by Japan's Ministry of Health and the content was developed according to the International Nursing Association for Clinical Simulation and Learning's (INACSL) standards of best practices.

Six case examples of what midwifery students often experience in clinical training in Japan were introduced: These were situations in which 1) students should determine observational items and provide an explanation to a patient with a premature rupture of the membrane, 2) there are differential diagnoses concerning intrapartum abnormal bleeding at the onset of labor, 3) there is labor weakness due to a rotation anomaly, 4) the patient's blood pressure is getting higher, 5) there is an onset of possible digestive symptoms due to excessively strong contractions, and 6) there is labor weakness due to fatigue. Each video proposed communication techniques between the student and patient or clinical midwife. Students were required to diagnose the video situations (Midwifery diagnostics) and plan the necessary care.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

By using these videos, students can be instructed concerning situations that could realistically arise during labor.

EVIDENCE IF RELEVANT

Even though there are difficulties in preparing models or simulated patients, we believe that we could create an effective program with the simulation education method by using instructional videos.

KEY MESSAGE

To increase the quality of learning experiences in such small cases, the manner in which in-school exercises are conducted is crucial.

KEYWORDS

Midwifery education, simulation videos, midwifery education program, Professional development.

ICMBALI-0464 - Supporting the retention of midwives in the workforce: exploring resilience and self efficacy in midwifery students

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PURPOSE

Statistics indicate that career abandonment may escalate in years 3–5 post registration as a midwife. A review of the literature indicates that the implementation of supportive content within the curriculum may build resilience in student midwives. This review sought to identify initiatives that may contribute to this goal.

DISCUSSION

Newly qualified midwives are well supported within Graduate programs however, career abandonment is concerning in years 3–5 post registration. Within an environment of global shortage of midwives, addressing retention within the workforce is a high priority.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Building resilience and self efficacy within student midwives may address career abandonment. The authors, as facilitators for midwifery education, seek to scaffold student confidence and enhance coping abilities within the workplace. The wastage of qualified practitioners should not be a feature of the midwifery landscape.

EVIDENCE IF RELEVANT

The World Health Organisation suggests that the world will need an additional 9 million nurses and midwives by 2030 to reach the Sustainable Development Goal 3 on health and well being (World Health Organisation, 2018).

In 2015, 39 % of Australian nurses and midwives were over 50 years of age (Australian Institute for Health and Welfare, 2015).

KEY MESSAGE

The 2019 Global Strategy for Women's, Children's and Adolescents' Health 2016–2030 is midwifery, in particular, strengthening quality midwifery education. Education without supportive frameworks that recognise the complexity and stress within the modern Midwifery landscape will not address the need for resilience, adaption and professional identity that must be acknowledged to sustain the workforce.

ICMBALI-0926 - Innovative community engaged internship program in "Midwifery Education" enhanced the competence and confidence of BRACU's midwives. Experience from, Bangladesh

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PURPOSE

BRACU is implementing developing midwifery Education program in private sector funded by UKAid.3 years diploma course designed a extra six months internship programme named Community Engagement of Graduate Midwives (CEGM) focuses around ICM competencies for newly graduate midwives. Midwives just after graduation were placed 2 months in community &4 months in facility (Clinics/Hospitals/sub-centres),& in facility they had continuous community interaction. Purpose of the CEGM course was to enhance skills related to midwifery services, develop critical thinking &decision-making skills, generating evidence base to promote CEGM activities, advocacy for creating demand for midwifery profession at community & professional level groups.

DISCUSSION

CEGM represents a significant investment for supporting continued competency of midwives. 2017&2018,total 222graduate midwives from Dhaka, Sylhet, Khulna, Dinajpur, Cox's bazar & Mymensingh were enrolled in innovative CEGM process. The course was designed to start with community mapping. Others activities included antenatal, postnatal, delivery, newborn care & family planning services, community awareness session,school session. Submitting a case story with solution was mandatory to enhance their critical thinking and decision making skills. Midwives need to attend monthly meeting to share the learning and submit Midwifery Record logs. During CEGM,222 graduate midwives generated 8759 FP users, provided 5639 ANC ,5153 PNC service and attended 3648 normal vaginal delivery. They also conducted 812 community awareness sessions.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Project shared evidence of CEGM &influenced policy makers to include 6 months internship (CEGM) for midwives in National Midwifery Policy. Government has now accepted internship programme.

EVIDENCE IF RELEVANT

Just after CEGM 162 midwives were recruited in Coxs' Bazar for Rohingya response through NGO employments & remaining 60 were employed by UN, INGOs & NGOs is a proven evidence of enhanced competence and confidence.

KEY MESSAGE

CEGMbrings midwife more closer to the community & isof great importance inretaining knowledge& skill till they get license from the authority and allowing the personal traits to growand mature.

ICMBALI-2011 - Introduction of simulation learning for midwifery education in Kyushu University, Japan

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PURPOSE

In the masters-level midwifery program in Japan, midwifery students graduated with a nationwide average of 12.4 cases of delivery training in 2017.In the perinatal field, patients often occur sudden physical changes during childbirth, and midwifery students may become highly stressed when dealing with unknown experiences and sudden medical alterations. Therefore, we have introduced simulation learning for the purpose of training diagnostic ability prior to practical training.

DISCUSSION

In simulation learning, it is necessary to provide a safe and secure learning environment where students can quickly review their care process. In Kyushu University, especially in delivery training, using a scenario based simulation such as "prolongation of first term delivery due to rotational abnormality or prolong labour" or "hospitalization of a multiparous woman with a rapid birth history" , we can immediately review and debrief by use of video systems. We have also introduced simulation learning of "midwifery care and health guidance" for pregnant women with pregnanacy complications each phase, i.e. "placenta previa", "hypertensive disorders of pregnancy" and "gestational diabetes". We have received feedback such as "I understood the need to consider the causes of weak labor from various angles." and "I experienced delivery assistance in the same way as in the simulation learning scene." from students. In addition to diagnostic ability, simulation learning can also be expected to improve communication skills for pregnant women and families. However, it is unclear what quantitative improvements are resulting in actual practice.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Simulation learning can lead to improved diagnostic ability for limited delivery assistance. Therefore, it is necessary to clarify the results of simulation learning within the context of midwifery practical training.

EVIDENCE IF RELEVANT

Lena Lendahls,Marie G Oscarsson: *Midwifery students' experiences of simulation - and skills training*, Nurse Education Today, 50,12–16,2017.

KEY MESSAGE

The need for simulation learning is increasing in masters-level midwifery program for training of advanced practical skills.

ICMBALI-0797 - Development of an educational video to help students acquire the necessary skills to practice the nursing care after caesarean sections

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BACKGROUND/PURPOSE

Rising numbers of high-risk expectant mothers have created more opportunities for nursing students to implement concepts and techniques associated with caesarean sections ("C-sections") during their practicum. However, this is daunting for students, as C-sections require proficiency with both postoperative and postpartum care. Here, the authors developed an educational video to help students visualize the care involved after C-sections, and acquire the necessary skills to put it into practice.

METHOD

Researchers (n = 4) considered several factors when developing the video: 1) students' learning situations, 2) the video's learning objectives, 3) suitable training settings, and 4) strategies to improve its educational effectiveness. During filming, the roles of the instructor and postpartum mother were played by a midwife with experience in practicum training, and the role of the student played by an actress.

DISCUSSION

The final video was 28 minutes. In it, a student assesses the condition of a postpartum mother one day after a C-section, develops a nursing care plan, and performs associated care practices. Several scenes were specifically organized to improve the video's educational value, corresponding to a typical one-day training session students would actually experience: 1) reporting the action plan, 2) performing care practices, and 3) reporting the practices taken. Besides routine postoperative care, the video also depicted several scenes from a maternal nursing perspective: e.g., observations of post-partum pain and uterine involution, and maternal and child support while accommodating pain at the incision site.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Student–instructor dialogue included praise from the instructor; scenarios involved aspects of assessment, diagnosis, objectives, and planning based on a wellness perspective. Key learning points were inserted and explained using computer graphics to help viewers understand the connections between assessment and nursing practices, as well as to promote knowledge acquisition.

EVIDENCE IF RELEVANT

Future work will look at effective ways to apply educational videos.

KEY MESSAGE

Caesarean-Sections, Educational Video, Skills to put it into Practice

ICMBALI-0678 - Kizuna: why it is important as an educator to facilitate and encourage the formation of friendship groups amongst first year student midwives

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PURPOSE

Kizuna is Japanese for bonds of friendship. In recognition of the challenges that some student midwives face, and that not all complete their course of academic study, this presentation will discuss the vital role that the first-year university tutor has in facilitating cohort friendship groups to flourish.

DISCUSSION

Initially some of the challenges that student midwives face once they embark on their midwifery journey will be discussed, providing the framework for why creating bonds of friendship is advocated. Creating a supportive environment in the classroom, falls under the category of building a community of practice; a term coined by Lave and Wenger (1991).

Class strategies that have been employed on a regular basis throughout the academic year to form a community of practice will be shared, as well as the ontological and epistemological underpinnings of acting as a facilitator to enable bonds of friendship to be formed. It will be argued that the encouragement of interpersonal relationships sustain professional development and resilience by promoting a sense of identity.

Moreover, the role of the facilitator is not just limited to the classroom setting. Actively encouraging students to also become part of a wider community and act for example, as an University student ambassador, attend study days with their mentors in practice, engage in International Day of the Midwife celebrations and the Twitter community will also enhance a sense of identity and that the student midwife is not alone. This type of networking affords friendship opportunities that are not limited by structure nor buildings across geographical and organisational boundaries.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

This information is useful for midwifery education.

EVIDENCE IF RELEVANT

Lave, J. and Wenger, E. (1991) *Situated learning: legitimate peripheral participation*. Cambridge: Cambridge University Press.

KEY MESSAGE

Investing time as a first year tutor to promote bonds of friendship amongst the cohort enhances the student midwife experience and retention.

ICMBALI-0454 - Strengthening midwifery preservice education – a process for sustaining outstanding midwives in Liberia

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PURPOSE

This presentation shares evidence using the Preservice Education (PSE) Conceptual model in PSE system strengthening for increasing the number of qualified midwives emphasizing leadership for sustainability in Liberia.

By 2015, Liberia faced human resources crisis, with insufficient needed health workers, especially midwives. The Ebola epidemic exacerbated the crisis and highlighted a major gap in health worker skills. Strengthening pre-service education became mandatory for health system improvement with quality care. Midwives are primary Maternity care providers in Liberia with a maternal mortality ratio of 1,072/100,000 (LDHS 2013). According to the MOH National Health Workforce Program Strategy, in 2018 there were about 500 midwives, while MOH estimated targeted need was 2000 midwives. As a key investment area, MOH designed a 7-year Health Workforce Program (HWP) to increase the rate-of-production of midwives. The MCSP HRH project was USAID's primary support to the MOH focusing on midwives. The project technical approach intervened in the five areas of the Pre-service Education Conceptual Model that influence competence (clinical practice sites, curriculum, faculty/preceptors, students, infrastructure and management).

DISCUSSION

MCSP HRH collaborated with the MOH and relevant stakeholders, including the Liberian Board for Nursing and Midwifery. Using the Rapid Needs Assessment for Midwifery Schools (2016) and the MOH approved MNH Quality Improvement Clinical Standards (2017), conducted baselines and with the PSE Conceptual Framework identified gaps, planned, and successfully implemented interventions with improvement in the five areas and increased qualified midwives. Endline results showed improvement with midwifery institutions meeting standards related to -Classroom teaching: 48 % to 94 %, -Management: 68 % to 78 % and MNH at clinical practice sites: 27 % to 97 %. Enrollment also increased from 384 to 528 and Graduates passing from 81 % to 97 %.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

This presentation is applicable to Midwifery Pre-service Education.

KEY MESSAGE

Strengthening PSE for midwifery is significant emphasizing leadership in a system approach that builds capacity, self-reliance and sustainability.

ICMBALI-0717 - Develop an educational program for midwives to enhance their diagnostic ability in pregnancy checkups

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PURPOSE

As late child-bearing becomes commonplace in Japan, the risk of complication such as pregnancy-induced hypertension or diabetes is on the rise as well as the cases of low birthweight and postpartum depression. The declining number of obstetricians has also become a societal threat. For this reason, an educational program for pregnancy checkup for midwives was developed to enhance their diagnostic ability.

DISCUSSION

The research was conducted by evaluating performance after lectures using a rubric assessment table. Also, the educational program based on the Gibbs' reflective cycle was implemented and evaluated. This program was implemented every two months for three times. The Gibbs' cycle had six steps – Description, Feelings, Evaluation, Analysis, Conclusion, and Action Plan – and was used for reflection. As for the educational program, formative, outcome, and summative evaluations were conducted.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Ten midwives aging from 27 to 38 with 5 yrs 2 months to 9 yrs 2 months of experience participated in this research. The reflective activities on their practice and their acknowledging objectives in the next level lead to their professional growth.

EVIDENCE IF RELEVANT

After taking three educational programs, the participants showed a significant difference when assessed with t-test in the outcome evaluation between the beginning of and after the intervention of the program ($t = -3.01$, $df = 18$, $p = .004$). In the formative evaluation, improvements were observed in the diagnosis of the progress and lifestyle of pregnancy. As for the summative evaluation, participants self-acknowledged their professional growth.

KEY MESSAGE

Improvement of practical skills on pregnancy checkups requires an organized educational program. This program has proved to be effective for midwives to perform responsible pregnancy checkups which also confirms the need to provide learning opportunities and to support their autonomous growth.

ICMBALI-1053 - Continuity of care model: an analysis of the one student one client program for student midwives in Central Java, Indonesia

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PURPOSE

In 2014, Central Java was a province with the second highest maternal mortality rate (MMR) of all Indonesia's provinces (CJPHO 2015a). Therefore, the provincial government launched One Student One Client program (OSOC) in 2015 to reduce MMR in Central Java (CJPHO 2015b).

The aim of the paper was to analyze the OSOC program for student midwives in Central Java.

DISCUSSION

OSOC program was a program which involved midwifery students to assist women during antenatal, intrapartum, and postnatal period using continuity of care model (one student for one pregnant woman). The program was implemented to 10 regencies with high MMR (CJPHO 2015b).

The OSOC program is analyzed utilising SWOT analysis. The strengths of the program are adequate human resources, support from regency health offices and the availability of mentorship-perceptorship training. Short duration program (from the third trimester of high risk of pregnancy to postnatal period), limited funds from regency health offices, and no written policies support are identified as weaknesses of the program. The opportunities of the program are the availability of social media to communicate with clients and supports from Indonesian midwives association and educational institutions. The program faced any obstacles including unequal distribution of the numbers of students and pregnant women, limited knowledge of community members about the program, and unwillingness to be a client in the program.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Since OSOC program has many benefits for mothers and student midwives in Central Java, this program may be applied to every province and midwifery institution in Indonesia. Additionally, midwives could take the program as a model to provide care continuously. The government should add more funds and create a written policy of the program.

KEY MESSAGE

The implementation of the program met some barriers; however, the program should be sustainable to reduce MMR in Central Java.

ICMBALI-1775 - Twin tutor partnerships: twinning between Nigerian and UK based midwifery tutors

S. Williams[1]

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PURPOSE OF THE SYMPOSIUM

To share lessons learnt from the Twin Tutor Partnership Project between Nigerian and UK based midwifery tutors and the potential that individual twins' projects have to improve the quality of learning and the student experience.

1ST PRESENTATION

Sarah Williams: The Twin Tutor Partnership.

Sarah will introduce the Twin Tutor Partnership (TTP) a partnership between Nigerian and UK midwifery tutors, designed to build mutually supportive relationships, aiming to improve and strengthen the provision of student-centred learning. The presentation focuses on the second phase of the project which started in 2017 with a workshop held in the UK for seven pairs of midwifery tutors. Tutors went on to work on individual projects supported by coordinators before coming together again in Nigeria in June 2018 for a workshop designed to allow participants to share and learn from each other, identify lessons and make recommendations for future work. Three main factors were found to be of particular importance to the success of individual TTPs projects, these were 1. Mutual respect, understanding and honesty between TTP pairs. 2. Flexibility and recognising the dynamic process of twinning for the achievement of goals and 3. Access to and familiarity with the internet for communication. This presentation will expand on the processes, lessons learnt and recommendations from the project.

2ND PRESENTATION

Nusirat Ayeni and Geraldine Lucas: Introduction of the patchwork assessment to Yobe SoM.

When Nusirat visited Geraldine in the UK she was struck by use of the patchwork assessment, consisting of small discreet pieces of work that link together and form a whole. For their project they decided to introduce a patchwork assessment for students in Yobe, that required them to follow an individual woman through pregnancy, labour and the postnatal period. Tutors found it helped students pace their work, improve writing skills, encourage respectful care and link theory and practice using evidence based and reflective learning. An area where students were found to need more support was the understanding and use of evidence, so Geraldine and Nusirat developed an introductory DVD on research and evidence in practice. They described twinning as *"A lifetime experience for midwifery educators, enabling global connectedness, enriching and empowering student midwives for the future."*

3RD PRESENTATION

Rakiya Sule Tahir and Kim Neal: Developing Midwife Mentors in Clinical Practice.

Rakiya and Kim chose to develop mentoring tools for use in Nigeria. In many midwifery schools in Nigeria practical assessments are based on the use of OSCEs however Rakiya wanted her students in Kano to receive structured mentoring during clinical placement and for performance on placement to contribute towards practical assessments. Thirty students and three mentors were recruited to participate in a pilot, they were provided with relevant documentation. Mentoring focused on specific midwifery competencies. The pilot found that fewer students were absent and performance improved. Mentoring was well accepted, and the mentor's assessments contributed to 20 % to student's semester exams.

4TH PRESENTATION

Sidetu O Abdullahi and Yetunde Akinnuoye: Blended learning approach to intrapartum care.

Sidetu and Yetunde chose to focus on blended learning which combines traditional classroom educational methods with online materials and interaction. Online materials on birth position were prepared and students in both countries were invited to participate in online discussion forums. Students took part anonymously and Yetunde and Sidetu joined the conversations to provide input and constructive feedback. The project progressed well, and they plan to introduce new topics to their blended learning work. They also worked on kinaesthetic learning through student's creation of anatomical models, including the pelvis and foetal circulation, enabling students to utilise different learning styles to understand complex systems. Yetunde and Sidetu were keen to emphasise the mutuality of their learning.

COMMON FOCUS

The common focus of this symposium is twinning aiming to enhance student-centred learning.

COHESION BETWEEN SECTIONS

The first presentation sets the scene and explains the overall project, subsequent presentations will start with a summary of the pairs' experience of twinning followed by the work they did together to improve student centred learning.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Our project demonstrates that twinning of carefully selected midwifery tutors living and working in different countries and contexts can lead to mutually beneficial partnerships, enhanced student experience and the global sharing of ideas. Our experience also demonstrates that at least initially twinning must be adequately resourced and supported if it is to work.

ICMBALI-0923 - Evaluation of midwifery skills based on the "clinical ladder" in Yamagata University's undergraduate program

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1 *School of Nursing, Yamagata University Faculty of Medicine, Yamagata, Japan*

PURPOSE

Midwifery education in Japan is gradually strengthening clinical skills' components. This is called "Midwifery Practice Ability Learning Stage (Clinical ladder)." Based on the "clinical ladder," we evaluated midwifery skills of students of the undergraduate program. The evaluation of midwifery skills was composed of six elements: caring, pregnancy care, delivery care, postpartum care, neonatal care, and reproductive care.

We report on the evaluation of midwifery skills in the undergraduate program, focusing on delivery care.

DISCUSSION

Students in the midwifery program, assist delivery in their practical training. Therefore, we created a checklist to evaluate midwifery skills in delivery care. The evaluation method required scoring in the following three categories; diagnostic skills on delivery status, clinical skills for safe delivery of baby and treatment for abnormalities. Students were evaluated for each of their cases of delivery assistance. Midwife educators checked the achievement of students at the time of delivery assistance, on their third, fifth and eighth cases. As a result, students approached closer to the goal as the number of cases increased. Furthermore, 10 out of 12 students achieved the goal in their eighth case.

Students took an objective structured clinical examination before clinical training. Students received feedback on the basis of the results by the clinical leaders, after each delivery assistance. Through these steps, students could clarify issues, they might have had individually in the practical training, and finally move towards achieving the goal. Unfortunately, a few students failed to achieve their goals. We consider that the complexity of the delivery assistance case, might have affected the evaluation.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

We believe that this evaluation method, based on the "clinical ladder," can be used to effectively evaluate students' midwifery diagnostic ability and clinical skills.

KEY MESSAGE

Undergraduate program midwifery skills evaluation based on the "clinical ladder" leads to new employee midwife training.

ICMBALI-1607 - Exercise programs for expectant and new mothers: a role for midwives in enhancing maternal wellness in Japan

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1 *Incorporated nonprofit organization 'Fit for Mother Japan', Women's health and research adviser, Yamato, Japan*
2 *Incorporated nonprofit organization 'Fit for Mother Japan', Chairman- Health Exercise Instructor, Yamato, Japan*

BACKGROUND

The loss of physical strength in young women and the uncertainty experienced by new mothers are problems in many developed countries, including Japan. However, pregnancy is a good opportunity for women to review their lifestyle and initiate an exercise program. 'Fit for Mother Japan' is a non-profit organization that, through a fitness program, seeks to contribute to the mind- and body-wellness of expectant women and new mothers and, therefore, to their babies.

PURPOSE

Aim of our activities is the collaboration of midwives with physiologists, obstetricians, and exercise instructors to create exercise programs and train healthcare trainers for women.

PROJECT

Currently, we offer five short programs in a 10-minute: 1) simple exercise flow for pregnant women and fun in moving the body, 2) pair stretching involving pregnant women and their partners, 3) the prevention and improvement of minor problems during pregnancy, 4) functional improvement at delivery, and 5) fatigue reduction during the early postpartum phase. In the course, participants will practice pairing and group work with exercises to convey to the expectant mother how to use the body and how to move, as well as techniques required for exercise guidance.

By the end of 2019, 254 healthcare professionals have completed a total of 965 programs. Participating midwives expressed favorable impressions. "There was a dilemma that a specific solution could not be conveyed even after hearing about minor troubles, but this program seems to be useful." "I was worried about how to instruct a pregnant woman on exercise, but I would like to practice it in the mother's classroom or waiting time for outpatient care."

DISCUSSION

Midwives have recognized that problems arising from the lack of exercise of pregnant women, such as the appearance of indefinite complaints early in pregnancy and poor body use during childbirth. The ability of midwives to teach specific exercise programs will help improve their health guidance approach to pregnant women.

APPLICATION TO MIDWIFERY PRACTICE

Being able to see how midwives use our exercise programs at each workplace is a major step towards practice and brings new confidence to them.

Poster session – Practice – Knowledge and experience

ICMBALI-1962 - Improvement of the quality of perinatal care through team approached medicine – midwifery course for safe motherhood –

K. Adachi[1]

1 *Japanese Midwives Associaton, Head Office, Tokyo, Japan*

PURPOSE

The Japanese Midwives Association JMA, has been involved with Vietnam and Mongolia in international cooperation activities such as Twinning Projects. The Japan International Cooperation Agency(JICA) Provides knowledge building programs which are implemented as part of the Official Government Assistance provided by the Japanese Government in accordance with bilateral agreements. JMA teams up with JICA as an active partner with Mongolian Midwives and Obstetricians in implementing quality medical care programs for mothers in Mongolia. Through the training, the participants are able to learn the ideal roles of Midwives and their collaboration with the Obstetricians as well as how to perform better medical service through the application of the work guidelines.

DISCUSSION

The feature of this program is that learning through Training and Dialogue. Midwife and Obstetrician, one each from one hospital from 4 districts in Mongolia participated. The program provides basic knowledge and skills such as pregnancy complication, delivery management, intrapartum abnormal hemorrhage, neonatal resuscitation program, monitoring, active birth, management and health education for mothers etc. for five weeks in JICA Kansai, Kobe, Japan. The participant also visited a wide variety of hospitals and birth centers.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Although the Japanese health system differs from Mongolia, the basic knowledge and skill for Safe Motherhood and attitude toward Woman-Centered Care in Pregnancy and Childbirth are same. After returning to the country, each participant tries to change their maternity and child care after the program such as provision of active birthing room, creation of a new maternal education program and training system for Midwifes and Obstetricians.

EVIDENCE IF RELEVANT

JICA annual report2016/ WHO Helth indicator 2016

KEY MESSAGE

JMA and JICA will further maintain and deepen good relations with the Mongolia with a focus on midwifery care for Safe Motherhood. This program will continue until 2021.

ICMBALI-0182 - Mummy keeps me warm: preventing neonatal hypothermia

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1 *Whanganui District Health Board, Maternity Servces, Whanganui, New Zealand*
2 *Victoria University of Wellington, Graduate School of Nursing, Midwifery and Health, Wellington, New Zealand*

PURPOSE

The World Health Organization established the need for rewarming hypothermic newborns by skin-to-skin contact with their mother to avoid serious and potentially life-threatening complications. Concerns about potential body heat loss by newborns during skin-to-skin contact is jeopardising the practice in some New Zealand birth facilities. Caesarean birth has significantly increased with ~25 % of infants born surgically in New Zealand It is hypothesised infants born by caesarean section are predisposed to hypothermia. Considering the mother's body temperature, this review is to assess if there is any evidence in the literature to discourage the established practice of skin-to-skin contact after birth.

DISCUSSION

Researchers have hypothesised an immediate drop in body temperature at birth enhances physiological responses for the transitioning infant to initiate a thermogenic response. Infants will deteriorate when their ability to generate heat is compromised and will lead to hypothermia if intervention does not occur. Skin-to-skin contact counteracts infant heat loss within the conductive microclimate of breast and infant contact, as thermal synchrony of each breast meets the individual infant need preventing hypothermia.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Transitional neonatal hypothermia may be viewed as a potential side effect of skin-to-skin contact at birth and a barrier to performing. Infants in the operating theatre skin-to-skin do not appear to show detrimental effects to their ability to thermoregulate in the cool environment, though the risk of hypothermia is potentiated. Nonetheless, skin-to-skin contact is an instinctual method of preventing heat loss.

EVIDENCE IF RELEVANT

Skin-to-skin contact counteracts infant heat loss within the conductive microclimate of breast and infant contact, as thermal synchrony of each breast meets the individual infant need preventing hypothermia.

KEY MESSAGE

This review highlights there is no harmful effects associated when skin-to-skin contact is performed between mother and infant. Thermal synchrony of the breasts is a physiological response after birth, nature's way of preventing neonatal hypothermia, irrespective of the mother's temperature.

ICMBALI-1729 - Midwive'social representations in Portugal and Spain: contributions to the construction of the professional identity

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2 *Escola Superior de Enfermagem do Porto, Nursing Midwife, Braga, Portugal*

PURPOSE

Professional identity was developed from the social meanings of the profession and the practices' reaffirmation accepted culturally that remain significant. It results from the processes of socialization and interaction in social contexts and configure people's self-image according to the recognition of others. Professional identity can be captured by social representations.

To identify the social representations of the Portuguese women(PW) and Spanish women(SW) in relation to the portuguese nurse' midwives(PNM) and spanish nurse' midwives(SNM).

DISCUSSION

The sample was homogeneous in these attributes: age, professional activity, number of pregnancies and mean age of 33.3 years. The results showed differences between the social representations of nurses midwives regarding accessibility in care: PW reported that she contacted more in the delivery room and SW during prenatal care. 73 (60.8 %) PW felt the lack of PNM to provide information during gestation, delivery and puerperium, and 63 (43.45 %) SW felt the lack of SNM in puerperal support and breastfeeding. Regarding the role of nurses midwives, the PW increased the value in childbirth support and childbirth preparation, while SW value the pregnancy surveillance, puerperium and breastfeeding.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Although the training of midwives is guided by the same European directives, their professional identity depends essentially on their contexts of practice and local conditions.

EVIDENCE IF RELEVANT

Differences were found between the social representations of the women regarding the competences of the PNM and the SNM. The PW don't identify specific nurses midwives interventions in the family planning, gynecology and climaterium área while SW identify specific interventions in the family planning area.

KEY MESSAGE

Contribution to the development of midwifery professional identity.

ICMBALI-2103 - Increasing family planning uptake to improve maternal and newborn health in refugee settlements in West Nile, Northern Uganda

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1 *Save the Children UK, Humanitarian Public Health Team, London, United Kingdom*
2 *Save the Children International, Health and Nutrition, Kampala, Uganda*

PURPOSE

Save the Children (SC) implements a Family Planning (FP) project in refugee settlements in West Nile, Northern Uganda. Since May 2018, an increased demand for family planning has been recorded in 2 SC supported Level III Health Centres. Previously, family planning initiation and use has been a major challenge, mainly due to cultural and religious perceptions, in refugee settlements.

The project aimed to reduce the barriers to FP by training midwives in the provision of FP methods (including long acting reversible methods), providing on the job mentorship at health facilities and supporting with the supply of FP commodities. Midwives also worked with Village Health Teams to sensitize the general population on the benefits and effects of family planning through community dialogues involving men, women and youth.

In the first 3 months of implementation following initial midwifery training, the total number of new acceptors increased from 28 per month (August 2018) to 371 (December 2018) in the first 5 months. Within this, an average of 60 % clients accepted LARC, with a preference for implants.

DISCUSSION

Providing refresher training for midwives working in humanitarian settings has helped address some of the FP barriers and misconceptions, allowing a service to become more accessible to women living in refugee settlements. By tailoring information to be culturally appropriate, and increasing the clinical skills of midwives, the programme allowed the specific needs of different groups to be met.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

It is important for midwives to be competent in the provision of quality FP services for vulnerable women in humanitarian contexts such as West Nile. There is still need for midwives to advocate for, and raise awareness on family planning.

KEY MESSAGE

When training is provided for midwives, quality FP programmes can be implemented with a rapid uptake of services allowing provision of quality services in humanitarian settings.

ICMBALI-0921 - Leveraging financially sustainable birth clinics for community midwives in Pakistan

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2 *Jhpiego, Pakistan Office, Islamabad, Pakistan*

PURPOSE

Community Midwives (CMWs) provide maternal, newborn and child health (MNCH) services mainly in rural areas of Pakistan. They complete 24-months pre service education (PSE), however, many are not employed by Government after graduation, and those who are receive a meager stipend which is inadequate to cover living costs.

As part of broader efforts to improve access to MNCH, the Maternal & Child Health Integrated Program funded by USAID and implemented by Jhpiego in 16 districts of Sindh province of Pakistan, initiated a Business Skills Development (BSD) program for CMWs working in private sector.

DISCUSSION

From 2014–2017, Jhpiego provided on-the-job training in business management and marketing skills to 172 CMWs. Business planning included for example, a simple tool for market analysis used in the communities they serve. The BSD program inculcated importance of record keeping, entrepreneurial skills and provided documents to record financial information. 60 % CMWs MNCH Centres reported increased income as well as increased service delivery. They also reported feeling empowered as business women, an important secondary outcome in a patriarchal society. The CMW considered such trainings beneficial in improving their confidence, knowledge and entrepreneurial skills contributing to an increase in their clientele and their personal financial situation. Efforts to increasing client loads need to be matched by service quality improvements.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

In Pakistan, business and marketing skills are not part of CMW PSE but are important skills for midwives interested in establishing private clinics as a viable income source.

EVIDENCE IF RELEVANT

Lalji, L., Akbar Ali, L., Baig, M., Sewani, R., Lakhani, A., Kaufman, K. and Jan, R., 2014. Birth centre management and business skill training for community midwives of Pakistan *Journal of Asian Midwives (JAM)*, *1*(1), pp.41–50.

KEY MESSAGE

Financial and business management skills help in empowering CMWs to sustain private MNCH services thereby contributing towards better health of families.

ICMBALI-0602 - An exploration of the experience and the effect of paternal skin-to-skin contact

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PURPOSE

To explore the effect of paternal SSC and the perception of these fathers on their experience.

BACKGROUND

Skin-to-skin contact (SSC) refers to the practice which a naked baby is placed directly on mother's bare chest after birth. It is evidenced that SSC helps to keep babies warm, stabilize their heart rate and breathing, promote bonding, reduce crying and so on.1,2,3 When the mother is unavailable for SSC due to various medical or practical reasons, SSC with father can be an alternative.4,5,6 We would like to explore if paternal SSC brings similar effects as maternal SSC and fathers' perception on it.

METHOD

The vital signs of their babies were reviewed. A self-designed questionnaire comprises 5 statements by 5-likest scale was adopted, asking fathers their acceptance and perception towards paternal SSC.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

The result reveals that paternal SSC physically calms babies and stabilizes their vital signs, while psychologically promotes bonding and increases fathers' satisfaction. The findings support paternal SSC is beneficial to both babies and fathers. This is also proven that fathers can offer similar calming and comforting benefits as effectively as a mother does.

EVIDENCE IF RELEVANT

112 cases of paternal SSC were recruited.The heart rate, SpO2 level and respiratory rate of the respondents' babies (n = 112) are all normal during paternal SSC and no cases of hypothermia were reported after transferred to postnatal ward. Over 99 % of respondents (n = 111) either agreed or strongly agreed paternal SSC can stabilize their babies' emotion, promote bonding with their babies and increase their satisfaction. Over 90 % respondents (n = 105) either agreed or strongly agreed that they can take up the mothers' role to perform SSC when she is unavailable. All respondents (n = 112) expressed that they will recommend the practice to others.

KEY MESSAGE

Paternal SSC is a valuable alternative especially when mother is unavailable and fathers' perception towards paternal SSC are all positive.

ICMBALI-2246 - Pregnancy, birth, and beyond: how midwives can help to maximize human potential

H. Clarke[1]

1 *Conscious Beginnings, Midwifery, Philadelphia, USA*

PURPOSE

This session will raise midwives' awareness of the innate intelligence of babies, and how epigenetic exposure throughout pregnancy, birth, and the newborn period can impact their growth and development into childhood. I will discuss perinatal trauma-informed screening and bonding techniques that midwives can utilize and teach to help women mitigate stress and build resiliency beginning with preconception, pregnancy, birth, and the newborn period.

DISCUSSION

Unborn babies are sensitive and aware of their environment. The mother's womb is babies first environment. Epigenetic stressors experienced by pregnant women impact optimal fetal growth and development. Perinatal trauma can impact development at critical epigenetic periods in utero and during the year of life. Stress and trauma during pregnancy and birth can interfere with optimal fetal development, maternal-newborn bonding, and attachment. Stephen Porges' polyvagal theory warned against a lack of newborn contact with their mother at birth, leading to states of persistent imbalance within their autonomic nervous system, which can impact mental and physical growth and development. Midwifery care can promote healthy perinatal and early childhood development. During preconception, midwives can screen women for physical, emotional, and developmental trauma. In pregnancy, they can model and teach women/partners skills to bond with baby. By promoting gentle birth, immediate and uninterrupted skin to skin, the newborn's social nervous system is engaged to bond with its mother, a step critical for its survival. Instead of reacting with the fight, flight, or freeze, newborns develop their capacity to cultivate peaceful social interactions and to trust their environment. Their nervous systems' capacity are enhanced with an acceleration of synapses between the right and left cerebral hemispheres. Babies advance beyond their years.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Midwifery practice.

EVIDENCE IF RELEVANT

The literature on epigenetics, embryology and fetal development, the Polyvagal Theory, and maternal-infant bonding.

KEY MESSAGE

Perinatal bonding and attachment help to promote healthy fetal and newborn development.

ICMBALI-1779 - Cannabinoid hyperemesis syndrome: a pregnancy paradox

C. Donovan-Batson[1]

1 *Midwives Alliance of North America, Director, Division of Health Policy and Advocacy, Port Angeles, USA*

PURPOSE

This session will review the evolving recognition of cannabinoid hyperemesis syndrome (CHS), a vomiting syndrome related to the frequent use of cannabis, which is increasingly being misdiagnosed as hyperemesis gravidarum.

DISCUSSION

Cannabinoid Hyperemesis Syndrome is characterized by chronic cannabis use, cyclic episodes of nausea and vomiting, and frequent hot bathing. While cannabis has a known anti emetic effect, the paradoxical mechanism of this syndrome remains unclear. The common factors of nausea and vomiting offer a long list of differential diagnoses with this emerging syndrome often not considered.

Presentation will include epidemiology of use; brief overview of the pharmacology of cannabinoids and receptors GI and CNS effects; cases, pregnant and non pregnant; signs and symptoms/clinical presentation; work up and diagnosis; history taking; emerging theories; treatment recommendations; questions.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

As more jurisdictions legalize the use of cannabis, we must recognize our clients may be among those using this substance. This session will help midwives recognize cannabis use occurs across all cultural constructs, and learn to identify and acknowledge use. Midwives may believe only certain people use cannabis, and clients may be fearful of sharing cannabis use.

EVIDENCE IF RELEVANT

Cannabinoid hyperemesis syndrome: an underreported entity causing nausea and vomiting of pregnancy. Schmid SM, et al. Arch Gynecol Obstet. 2011.

Cannabinoid Hyperemesis Syndrome During Pregnancy: A Case Report. Andrews KH, et al. J Reprod Med. 2015.

Cannabinoid Hyperemesis Syndrome in a 17-Year-Old Adolescent. Desjardins N, et al. J Adolesc Health. 2015.

Cannabinoid hyperemesis syndrome: a case series and review of previous reports. Review article Nicolson SE, et al. Psychosomatics. 2012.

Cannabinoid Hyperemesis Syndrome: A Case Report and Literature Review. Review article Beech RA, et al. J Oral Maxillofac Surg. 2015.

KEY MESSAGE

This workshop will educate midwives on the syndrome, help identify clues for diagnosis, and overview a workup as well as provide recommendations for treatment.

ICMBALI-1020 - Too busy to be 'with woman?' a critical analysis of midwifery ideology and practice in the UK

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PURPOSE

To critique the paradoxical position of midwifery through the exploration of midwifery education and professionalism, utilising a critical, feminist approach analysing its theoretical foundations and how its woman-centred ideology may become subverted to a medicalised paradigm.

DISCUSSION

Midwives straddle the divide between a patriarchal, medically dominated discipline which controls and mechanises reproduction, whilst advocating for women's empowerment and autonomy. This poster debates the strange duality of a female-dominated, female-oriented profession which conceptually rejects the ideology of technocratic birth whilst continuing to perpetuate its oppressions. The poster draws on the author's research on publicly available narratives of midwifery (Einion 2015, 2018), their research on student midwives' socialisation and medicalization (Einion 2017), matricentric feminist analysis of midwifery education, and critiques of debates on 'the future midwife', arguing for a return to the core values of midwifery, building a strong argument for embedding matricentrism fully into midwifery education and practice.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Midwifery may be implicated in debates about state control of the female body and social control of women and families (Einion, 2018); it should be grounded fully the absolute core principle of women's rights as paramount.

EVIDENCE IF RELEVANT

Einion, A., (2018). Maternal Surveillance, Maternal Control: The Paradox of the Childbearing Body In: Einion, A. Rinaldi, J. (2017) *Bearing the Weight of the World: Exploring Maternal Embodiment* Demeter Press

Einion, A. (2017) The Socialisation of Student Midwives – rewriting the Landscape. in Squire, C. (2017) *The Social Context of Birth, 2nd Ed* Oxford: Radcliffe

Einion, A. (2015) *Resistance and Submission: A Critique of Representations of Birth* in Burton, N. (Ed) *Natal Signs: Cultural Representations of Pregnancy, Birth and Motherhood.* Canada, Demeter Press.

KEY MESSAGE

Midwifery education and practice should be founded on a matricentric, rights-based ideology. We need a strong professional identity, and clear parameters of professionalism which centre on being 'with woman' in the true sense of the phrase.

ICMBALI-1592 - Each baby counts learn and support: creating the conditions that enable maternity teams to work safely

M. Forrester[1], *A. Dougall*[1], *A. Morling*[1], *T. Kelly*[1]

1 *Royal College of Midwives/Royal College of Obstetrician and Gynaecologists, Each Baby Counts Learn and Support, London, United Kingdom*

PURPOSE

To share the learning from a national quality improvement programme focusing on behaviours, team work, safety, staff wellbeing and a positive workforce culture.

DISCUSSION

National ambition in the UK is to halve the incidence of intrapartum stillbirth, early neonatal death and severe brain injury as a results of events in labour. Evidence from Each Baby Counts (RCOG, 2018) demonstrated that 76 % of babies might have had a different outcome with different care. A key theme identified was failure to act upon relevant risk factors and escalate concerns. A key recommendation was to implement debrief sessions after high-risk events to examine how well events were handled, where things went well and where improvements might be made in the future.

Many safety initiatives focus on developing clinical pathways to improve outcome. However, this alone is not enough. The impact of culture on safety is important (Each Baby Counts, 2015 and 2018; MBRRACE 2018).

Each Baby Counts Learn and Support is supporting Local Development Leads to work within multi-disciplinary teams to develop, test, spread and sustain interventions that focus on behaviours, team work, safety and a positive workforce culture in their units.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

We will discuss:

The importance of escalation – with emphasis on all members of staff irrespective of their role or grade feeling empowered to raise concerns and most importantly what effective escalation looks like.

Supporting staff with and the management of effective debrief.

KEY MESSAGE

Empowering and supporting midwives and obstetricians, promoting a culture of teamworking, mutual respect, learning and reflection is key to safe maternity care.

ICMBALI-0316 - Midwives' written comments regarding pregnant women's cases that were discussed during a psychiatrist-obstetrician-pediatrician-consultation

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INTRODUCTION

About two in ten pregnant women and mothers have a psychiatric disorder such as a major depressive or anxiety disorder, PTSS, postpartum psychosis or depression. Having a psychiatric disorder during pregnancy or after giving birth has negative consequences for the well-being of the (expectant) mother and is associated with negative birth outcomes, disrupted mother-child bonding, or a higher chance of child-abuse. In the Netherlands, to optimize healthcare for women with psychiatric disorders and their children, a consultative, interdisciplinary partnership Psychiatrist-Obstetrician-Paediatrician (POP) was set up to arrange the best possible healthcare.

Objectives It is unknown what healthcare professionals additional note in files of women who are discussed at the POP-consultation. Therefore this study aimed to investigate which topics midwives note in files of women deliberated at a POP-consultation.

DISCUSSION

Method This qualitative study involves a document analysis of internal memos written by midwives regarding women discussed in a POP-consultation. The study was carried out in a midwifery practice in an urban region in 2015 and 2016. We used a thematic analysis approach.

Results Off 38 women who were discussed in the POP-consultation, 40 coding categories showed three main themes: Involved healthcare professionals (e.g. names, background and phone numbers, healthcare policy), Health behaviour and healthcare needs (e.g. preferences, citations, attitude, drugs), and Social context (e.g. housing, finance, domestic and sexual violence).

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Midwives' written comments demonstrated three main themes of in depth information about the complexity of psychosocial problems of women who where discussed during the POP-consulation and, the complexity in the provided interdisciplenary healthcare. To provide all professionals involved with complete and comprehensive documentation, we recommend to use shared files.

KEY MESSAGE

Midwives' written comments provide insight into a variety of problems of women with a psychiatric disorder and the complexity of taking good care for those women and their children.

ICMBALI-0732 - Improving access to midwives for women: the "Hara-obi" seminar

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PURPOSE

In Japan, we have a tradition of using a *hara-obi*, a long cotton cloth belt to support the pelvis and abdomen during pregnancy. Pregnant women and their family had a ceremony of wrapping their abdomen with the *hara-obi* around 20 weeks of pregnancy. The midwife taught women how to wrap *hara-obi* at the ceremony. However, this ceremony has disappeared, so most women do not know how to use *hara-obi*. We held the seminar once a month to teach pregnant women and their families how to use hara-obi. In addition, we believed that this might be a good opportunity to meet midwives and to be informed about midwifery birth centers.

DISCUSSION

We planned and implemented this seminar. We selected the *Suitengu* Shrine for our seminar.

From November 2017 to April 2019, a total of 782 pregnant women attended the seminar. After the seminar, participant answered our short evaluation questionnaire. According to the results, 76 % of participants were primiparas. Birth places they planned were hospitals (64 %), clinics (21 %) and midwifery birth centers (1 %). Most (88 %) indicated that they had never used a *hara-obi* before. Although 82 % of pregnant women knew about midwives, only 58 % knew about midwifery birth centers. After the seminar, 96 % of women said that they want to use a *hara-obi*, and 95 % said they were going to recommend this seminar to their friends. Almost all feedback was positive such as "back pain was relieved", "midwife was so kind, and instructions were understandable."

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

This type of seminar might be effective not only to provide information about how to use *hara-obi* as a self-care, but also to promote midwifery practice.

EVIDENCE IF RELEVANT

Hara-obi is safe tool.

KEY MESSAGE

We need to access pregnant women away from the hospital or birth center. Meeting, talking and sharing with women provide valuable opportunities know midwives.

ICMBALI-2118 - The meaningfulness of the support group where parents who have terminated pregnancies can share their experiences: activity report of a Japanese support group

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BACKGROUND

In Japan, there is inadequate continuous care after pregnancy termination for bereaved parents, despite their lingering emotional distress.

PURPOSE

To explore the meaningfulness of the support group for bereaved parents to share their experiences.

PROJECT

Since 2011, we have held support group meetings exclusively for parents whose pregnancies had to be terminated due to fetal abnormalities or pregnancy complications. Staff who have experienced perinatal loss, grief counsellors, and midwives also joined the group as facilitators. Parents commonly refrain from honestly speaking about their experiences with others in the community and hide their experiences due to intense guilt and stigma. Parents who meet people with similar pregnancy experiences at the meeting said, "I was finally able to talk in a safe place," and "I can cry in peace." Sometimes, they smiled and talked about their deceased children. Parents said that the faces of their peers who shared similar experiences can be imagined as people who really exist, even if much time has passed since they met. They also said that the existence of such peers gives them emotional support to cope with their daily suffering.

DISCUSSION

For parents who have interrupted pregnancies, the meaningfulness of the support group can be explained as follows: 1) a safe place, 2) a place where they can talk about complex feelings, 3) a place where it is natural for them to be parents of their deceased children, and 4) a place where they can connect with supportive people.

CLINICAL APPLICATIONS

Caregivers need to be aware of the parents' long-term experiences. Moreover, it is important to connect parents to a place where they can feel safe.

KEY MESSAGE

A sense of security and connectedness with supportive people is helpful for parents who have experienced terminated pregnancies.

ICMBALI-0666 - Future proofing maternity care for women in Qatar through the introduction of a midwifery model of care

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PURPOSE

Internationally, midwives play an integral role in improving pregnancy outcomes and health experiences. However, in many locations worldwide midwifery remains underdeveloped or absent. In 2008 Qatar outlined a vision for the country's modernization which informed the 2018–2022 National Health Strategy. This strategy included a component to introduce midwifery to complement existing obstetric led care.

To strengthen midwifery in Qatar, Hamad Medical Corporation developed an extensive service transformation plan, now in its second iteration. This presentation highlights progress around some key achievements and challenges and future plans. This experience is of relevance to midwives seeking to introduce internationally recognized midwifery models in other countries

DISCUSSION

In 2016 the Qatar Council of Health Practitioners established regulation for midwives who met ICM essential competencies, achieving one of the key tenants of the ICM. Organizationally the development of midwife based job descriptions distinct from those of nurses and the development of midwifery sensitive quality indicators which have brought about a significant decrease in episiotomy rates has advanced this recognition. Between 2015 and 2019 the focus was on upskilling midwives and nurse-midwives (around 2000 staff) through educational programs to ensure safe care and prepare them for supporting future midwifery students.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Our progress highlights how midwifery may coexist with competing models of maternity care to create an innovative, eclectic and culturally sensitive paradigm that can best serve women and neonatal health needs. Work towards fully implementing sustainable changes is ongoing. Future ambitions include establishing in country under and postgraduate midwifery education programs and a national midwives association.

EVIDENCE IF RELEVANT

General Secretariat for Development Planning (2008). *Qatar National Vision 2030.* GCDP, Doha.

Ministry of Public Health (2018). *National Health Strategy 2018–2022: our health, our future.* Doha, Qatar.

KEY MESSAGE

Establishing midwifery where it has not existed is challenging. This is made even more complex when multifaceted professional and cross cultural factors are involved.

ICMBALI-1734 - Managing obstetrical haemorrhage with a Non-Pneumonic Anti-shock Garment (NASG) in a low-risk homebirth setting in South Africa. A midwife's experience

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PURPOSE

In our experience, the NASG should be a mandatory part of midwifery management of postpartum haemorrhage in each home-birth setting.

DISCUSSION

The World Health Organisation states that developing countries, such as South Africa, contribute up to 90 % to the global burden of obstetrical haemorrhage (WHO, online). Obstetrical haemorrhage contributes to 15.5 % of the total mortality rate in South Africa and is the third highest direct cause of death during childbirth. Despite national roll-out of programmes such as Essential Steps in Management of Obstetrical Emergency (ESMOE), the decrease in maternal mortality is insufficient (Saving Mothers Report, 2018).

It was due to the leadership of the Society of Midwives in South Africa (SOMSA) that we, as independent midwives caring for low-risk mothers within a homebirth environment, was educated us on the use of The Non-Pneumonic Anti-Shock Garment (NASG). Acknowledging the influence of the Midwifery Model of Care (ICM, 2014:2) on promoting and advocating for non-invasive care, the NASG was adopted as a relatively cost-effective, low impact primary midwifery management of post-partum haemorrhage (PPH).

The NASG works due to the haemodynamic stability that it ensures due to vasocompression of the lower extremities. Conjoining it with a version of manual compression of the uterus makes this low-tech, neoprene bodysuit a reality in decreasing maternal mortality. The day after receiving our NASG per mail, a mother presented with severe primary PPH. The efficiency of the NASG in relation to any other pharmacological method or manual methods of postpartum management was astonishing. The NASG saved her life.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

The effectiveness of the NASG as part om midwifery management of postpartum haemorrhage in homebirth settings.

EVIDENCE IF RELEVANT

Pileggi-Castro, et al. 2015. Non-pneumatic anti-shock garment for improving maternal survival following severe postpartum haemorrhage: a systematic review. Online: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4422609/ Date of Access: 15 May 2019.

KEY MESSAGE

Non-invasive midwifery management of postpartum haemorrhage that works!

ICMBALI-0582 - The meaning of seeing and holding – an anthropological perspective on being with a stillborn baby

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3 *University of Southern Denmark, Institute of Clinical Research, Odense, Denmark*

BACKGROUND

For a number of years there has been an ongoing debate about whether or not seeing and holding your dead baby after stillbirth is beneficial for the parents' emotional health. However, since the publication of Kingdon's review in 2015 convincing scientific evidence supports the idea, that parents' interaction with their stillborn baby is both meaningful per se and helpful in the grief process.

OBJECTIVES

The objective of this study was twofold; to assess to what degree Danish parents see and hold their stillborn babies and to enlighten in an anthropological perspective how this encounter between the grieving parents and their child's dead body seems to be so valuable.

METHODS

The study applied mixed methods, combining a theoretical anthropological approach with empirical epidemiological assessment, using ritual theory and original research data from the Danish "Life after the Loss" cohort. Mothers and their partners with a stillbirth (after gestational week 22) were invited to participate during hospitalization and filled out questionnaires shortly after the death of their baby.

RESULTS

Of the 170 included parents, 97 % saw and 93 % held their stillborn child. Eighty-three parents (52 %) reported having spent several days with their child, 64 (40 %) hours and 13 (8 %) only minutes. The response rate was 45 %. Seen through an anthropological lens and theories of ritual theory, seeing and holding your dead baby seems to have several purposes, including the use of ritualization to assist the transition into parenthood and allowing the parents to benefit from the state of liminality.

CONCLUSIONS

Danish parents engage in contact with their stillborn baby to a very high degree and this contact supports a transition into parenthood.

KEY MESSAGE

Are we obstructing an important process if we don't support the parents in developing rituals and having days of interaction with their dead baby?

ICMBALI-1245 - "¿Cómo pueden las Parteras manejar la hemorragia posparto en el parto?"

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PURPOSE

Mostrar la experiencia de la aplicación de un sistema de detección de riesgos por Parteras profesionales en la prevención, detección y tratamiento oportuno de la HPP en CIMIGEN, Ciudad de México.

DISCUSSION

Datos oficiales en México, muestran que, durante la primera semana de agosto del 2020 se reportaron 97 de 575 defunciones por hemorragia obstétrica, representando un 16.9 % del total de defunciones por Hemorragia Post Parto (HPP). Una de las causas relacionada con la presencia de HPP es la detección tardía de factores relacionados con el riesgo de hemorragia posparto como antecedente de HPP en gestaciones previas, antecedente de cirugía uterina, alteraciones en la dinámica uterina.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

La experiencia del equipo de Parteras profesionales de CIMIGEN da cuenta de la importancia que tiene el reconocimiento oportuno de los factores de riesgo para HPP y la aplicación sistemática del manejo activo del tercer periodo clínico del trabajo de parto para reducir la Muerte Materna por HPP.

EVIDENCE IF RELEVANT

De mayo 2019 a junio 2020 CIMIGEN atendió 429 partos en mujeres con edades entre 15 a 44 años; de ellas, aplicó al 100 % manejo activo del 3er. periodo clínico de TDP MATEP; treinta y dos con hemorragia posparto (7.4 %); veintidós por atonía (5.1 %), que respondió al manejo con oxitócicos; y, seis con desgarro de 2do. grado (1.3 %). A nivel nacional, en la primera semana de agosto de 2020 la HPP representó el 16.9 %; en CIMIGen durante un periodo más amplio (de mayo 2019 a junio 2020) representó el 7.4 %.

KEY MESSAGE

El reconocimiento oportuno de los factores de riesgo que inciden en el desarrollo de la hemorragia postparto y la aplicación sistemática del manejo a activo del tercer periodo clínico son elementos que se constituyen en herramientas que la Partera Profesional aplica para evitar complicaciones, las lecciones aprendidas y buenas prácticas deseamos compartir con las Parteras y Matronas.

ICMBALI-1996 - TANEMAKI project~health and gender education by midwives for university students

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PURPOSE

In Japan, the number of births is decreasing and the age of women having their first births is increasing. In order for women who desire more than one child to do so, we think that they need more education regarding how to have safer, more comfortable birthing experiences while they are younger. For this reason, midwives should educate young people about health and pregnancy, childbirth, childcare, gender knowledge and support them with a life plan to make decisions about childbirth.

DISCUSSION

From 2016 to 2018, midwives gave lectures and workshops at four universities. The contents of the program included the mechanism of pregnancy and childbirth, postpartum physical and psychological changes, work-life balance, etc., together with discussions about these topics. This project was able to convey that the midwife should be a familiar counselor in their lives. We gave university students the opportunity to think about pregnancy and childcare. In addition, as a midwife giving a lecturer, we are able to information that the midwife is a familiar counselor.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

The long-term effect of this project, we think that young people who received this education will be able to put childcare into view as life plan and will lead to performing way of work and health activity, local action based on it. We believe that we are contributing to creating a safe and comfortable baby-child care environment in the future. It is necessary to evaluate whether this educational program will result in future safe and secure childbirth and to improve this educational program.

EVIDENCE IF RELEVANT

Japanese Cabinet Office , Low birthrate society measures white paper(2017).

Statistics Japan, Social life basics investigation(2016).

KEY MESSAGE

Midwives should become familiar people to young women to help them plan their child bearing years.

ICMBALI-0668 - A report on a sex education project for adolescents in Sumatra, Indonesia

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PURPOSE

While working as a midwife with Japan Overseas Cooperation Volunteers in East Lampung, Sumatra, Indonesia, I learned of women who were forced to have illegal abortions as well as abandon their education because of pregnancy, which led me to believe that sex education should be given from the time of adolescence. This presentation will report on a sex education program given to about 1,200 students in 23 schools in East Lampung in 2012.

DISCUSSION

I formed a project team with two staff members from the East Lampung Provincial Health Center, and we received permission from the Ministry of Education and Culture, the Ministry of Religious Affairs, and the school administrations to give sex education in cooperation with the community health center staff and school teachers. The purpose of the project was for the adolescents to learn about reproduction and how to take care of themselves and others, as well as to consider healthy lifestyles for their futures.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

The sex education included the physical and mental changes the adolescent students were experiencing or would soon experience, as well as the mechanism of menstruation and pregnancy. Students considered what it meant to live a healthy life for their futures and shared their ideas with other students, their teachers, and the program staff.

We received much feedback from student participants, such as that they were more interested in their own bodies, that they would take care of themselves and their future partners, and that they would spend time thinking about the importance for their future of having an understanding of sex.

KEY MESSAGE

Midwives are involved in the reproductive health of adolescents for safe pregnancy and childbirth. A midwife's role is to help children in adolescence to protect their own bodies and minds, make wise life choices with regard to their own futures.

ICMBALI-1178 - Breastfeeding skillstations: best practice education for midwives

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PURPOSE

The purpose of the poster is to introduce a model of professional education designed for midwives (it can be used multiprofessionally too). Midwives who work with the families need to have the best knowledge and skills to help the mothers to achieve their breastfeeding goals. Breastfeeding guidance should be similar between midwives and units. Our aim is to educate midwives (and other health care professionals such as gynaecologists) to ensure better unvidual breastfeeding support.

DISCUSSION

There are three different skillstations and each is held 3–6 times per year and the theme varies between the skillstations. The educators are lactation consultants and apprx. 10 participant can be in the education at a time. First skill station is about breastfeeding a normal health baby, the second one is about sick and premature babies and breastfeeding. The third one is about the newest EBP-konwledge and how to implement the new ways of midwifery into the practice.

We educate our midwives yearly as it is supposed to be done in Baby Friendly Hospitals. The skillstations are mandatory for the midwives.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Application is for the midwifery practice, because it describes a way of continuous education is implemented for professionals working in a hospital, where is 2100 births per year.

EVIDENCE IF RELEVANT

Evident used to build these skillstationsis based on the statistics on breastfeeding numbers in Scandinavia and other matherials.

KEY MESSAGE

Continuous education in midwifery is key element in securing the quality of midwifery. Skill stations use active ways of learning and the participants are taking controll on their own learning process. By educating continuously our midwives, we secure the quality of midwifery and breasfeeding councelling. We also take care the recommendation on continuous education that should be provided yearly to the midwives.

ICMBALI-1343 - Home visit from pregnancy period for attachment formation and abuse prevention of parents, child and the family – "Healthy Family Hamamatsu" 6-year activity report –

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PURPOSE

The purpose of this presentation is to introduce our trial to prevent child abuse. We started a home visit group "Healthy Family Hamamatsu" (HFH) to prevent abuse. The aim of the activity is to visit home immediately after birth to deepen attachment of parent and child.

DISCUSSION

The number of child abuse consultations is increasing year by year in Japan. Over 60 % of the abusive death cases are 0-year-olds cases, and half of the 0-year-olds cases are 0-month-olds cases. Under such circumstances, it is important to provide support for abuse prevention. It is the reason why we start "HFH". This activity of the group was approved by Hamamatsu University School of Medicine Ethical Committee.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

We believe that our activity is of help for midwives to prevent child abuse.

EVIDENCE IF RELEVANT

The followings are activities of our group. 1. Ten different home visit training courses have been held a year since 2013. Home visitors must attend the 10 courses for securing the quality of home visitors (45 graduates). 2. Selection of home visit cases was done with cooperation and collaboration of general hospitals and institutions related to maternal and child health activities. Case conferences have been held once a month to receive appropriate information and supervision for home visits. The number of home visits was 57. Seven home visits are ongoing. We have 10 home visitors. 3. Lectures and workshops have been held once a year since 2008 for gaining skills of home visitors and cooperation with the community.

KEY MESSAGE

In order to respond to the needs of the subject, the following issues have to be considered. 1. Creating cooperation / system with local administration and many types of occupations, 2. Upgrading of skills for home visits, 3. Increasing the number of home visitors, 4. Securing activity funds.

ICMBALI-0345 - Development of mindfulness-based intervention for pregnant women with previous perinatal loss in Hong Kong

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3 *Hospital Authority, Department of O&G, Hong Kong*
4 *Private Practitioner, Hong Kong*

BACKGROUND

Perinatal loss refers to the loss of a fetus/child through stillbirth, miscarriage, or neonatal death. Women suffering perinatal loss may experience prolonged stress, anxiety and depression that can be harmful to subsequent pregnancy outcomes. In recent years, mindfulness-based interventions have been widely used to treat mental health problems and improve wellbeing, but its effects on women with a history of perinatal loss remain unclear.

PURPOSE

To identify the effects of mindfulness-based interventions on psychological outcomes in pregnant women with previous perinatal loss.

PROJECT

A systematic search of MEDLINE and GoogleScholar from 2003 to 2017 was conducted to identify relevant literature. Of the 71 studies retrieved, no studies focused on pregnant women with previous perinatal loss. However, five studies evaluated the effects of mindfulness-based interventions on pregnant women or women after stillbirth. The findings indicated that the interventions significantly reduced anxiety, depression and perceived stress in pregnant women (Dhillon, Sparkes, & Duarte, 2017; Vieten & Astin, 2008), and women after stillbirth (Roberts & Montgomery, 2015, 2016).

DISCUSSION

Although no studies were conducted to evaluate the effects of mindfulness-based interventions in pregnant women with previous perinatal loss, evidence has demonstrated that such interventions are effective in improving psychological outcomes in pregnant women and women after stillbirth.

APPLICATION TO MIDWIFERY PRACTICE

Mindfulness-based interventions could be adapted and implemented for pregnant women with previous perinatal loss to reduce their psychological distress and improve pregnancy outcomes.

EVIDENCE IF RELEVANT

Pregnant Chinese women also reported to have significant increased positive thinking and reduced physical distress after receiving mindfulness-based interventions (Chan, 2014).

KEY MESSAGE

Mindfulness-based interventions are effective in improving psychological wellbeing in pregnant women and women after stillbirth. We can adapt the interventions to the group of pregnant women with previous perinatal loss who should experience higher level of anxiety and depression that are harmful to pregnancy outcomes.

ICMBALI-0948 - Prenatal mindfulness training to empower women with mental health issues from pregnancy and beyond

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PURPOSE

About 5.6 % of mothers delivered their babies in our hospital had psychological concerns and they were put under care of clinical psychologist or psychiatrist. The purpose of this project was to provide mindfulness training to the participants to reduce their prenatal stress and anxiety. The workshop also included emotional and hormonal pathway of birth, techniques in coping labour pain so as to build up their confidence in vaginal birth and enhance positive birth experience.

DISCUSSION

This project started from November 2017 till October 2018. Total 6 classes with 14 to 20 paricipants for each class. After attending the workshops, 85.4 % of participants commented they were calmer, less anxious, more positive and had more confidence to face with stress. 74 % agreed mindfulness practice helped them cope with labour pain. 56 % could focus their mind in breathing and no need for Entonox or analgesia. 4 pairs of participants having marital problem expressed that practicing mindfulness increased their acceptance to each other and spousal attachment enhanced. Idea of divorce was eliminated. After delivery, 47.6 % did not need further psychiatric follow up.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Mindfulness is evidenced to reduce postpartum depressive mood and improve marital relationship. After the course the women needed less consultation by psychiatrist or clinical psychologist. The reduction could plausibly lead to substantial cost savings.

EVIDENCE IF RELEVANT

Mindfulness intervention is evidenced to improve mental health, and found to be as effective as antidepressants in preventing depressive relapse. Studies on Mindfulness in childbirth proved to reduce stress, symptoms of postnatal depression and has greater childbirth self-efficacy.

KEY MESSAGE

This prenatal mindfulness workshop is a family centred programme. It is not only about childbirth preparation, but also a tool for them to capture positive moments. The feedback from the participants proved that it reduces their anxiety and enhance intimate relationship.

ICMBALI-1787 - Enabling women across the globe to birth in a midwife-led unit: translation of a guideline from English into Catalan, German, Italian, Portuguese, Spanish and Swedish

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8 *University of Porto, Instituto de Ciencias Biomedicas Abel Salazar, Lisbon, Portugal*

PURPOSE

Evidence strongly supports women who have had a straightforward pregnancy to give birth in a midwife-led unit (birthing centre). The maternal and neonatal benefits include: significantly increased likelihood (nearly twice the odds) of having a normal labour and birth, experiencing less maternal morbidity from unnecessary intervention(s) including amniotomy, augmentation of labour, instrumental vaginal birth, opiate or regional analgesia. There are increased rates of established breastfeeding, no significant impact on rates of infant mortality and babies are less likely to need admission to a neonatal unit. There is evidence of positive experiences of care in a MLU and economic benefits, saving approximately £850 per mother and baby when compared with birth in an obstetric unit.

This presentation will initially outline the guideline and pathway; describe the process and international impact to date of translating the guideline and pathway from English into six different languages.

DISCUSSION

Having co-produced the evidence based guideline and pathway in Northern Ireland, subsequent dissemination led to international maternity care colleagues expressing the need to utilise the guideline and pathway to develop midwife-led units and enable women to give birth in a MLU within their country. Following the WHO forward and back process of translation, expert senior midwives undertook the detailed translation of the related documents for utilisation and implementation in the individual countries.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Utilising an evidenced base guideline and pathway for admission and care within a MLU can further develop midwife-led units and midwife-led care as highly recommended by World Health Organisation.

EVIDENCE IF RELEVANT

Guideline for admission to midlife-led units in Northern Ireland and Northern Ireland Normal Labour and Birth Care Pathway https://pure.qub.ac.uk/portal/files/134530763/Healy_and_Gillen_2016_82_86_EBM_125.pdf.

KEY MESSAGE

Translation of this guideline and pathway into Catalan, German, Italian, Portuguese, Spanish and Swedish is further evidence of the value of sharing learning and the importance of this project shaping practice in countries outside Northern Ireland.

ICMBALI-1388 - Relationship between nutritional intake / weight gain of pregnant Japanese women during pregnancy and birth weight of infants

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PURPOSE

The purpose of this study is to clarify the relationship between nutrition intake / weight gain and birth weight of infants.

DISCUSSION

The birth rate of low birth-weight infants has been on the rise in Japan since 1975, and has been stable at around 9.5 % in recent years. The pre-pregnant mother's thin body, malnutrition, and weight gain suppression during pregnancy have been suggested to be the factors.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Our study suggests that midwives should support pregnant women for enough dietary intakes.

EVIDENCE IF RELEVANT

The subjects included 215 subjects who obtained valid data for all three dietary surveys, from 310 subjects who completed delivery on normal parturition after 37 weeks gestation. The diet survey has done for three consecutive days of the early pregnancy period (14 to 16 weeks gestation), middle period (25 to 27 weeks), and late period (32 to 34 weeks). The diet pictures were taken by digital cameras and the weight gain of pregnant women at each period was examined. Maternal energy intake during each pregnancy period was 1568.83 ± 349.10 kcal (average ± SD) in the early period, 163.4.47 ± 314.91 kcal in the middle period, and 1619.05 ± 321.60 kcal in the late period. The average energy intake in the early period was significantly lower ($p < 0.01$) than the estimated energy requirement (1650 kcal) for women at the age of 18–29. Maternal weight gain during pregnancy was associated with birth weight ($p < 0.05$). There was no significant difference between BMI value of mother at non-pregnant time and birth weight.

KEY MESSAGE

The data revealed the relationship between maternal weight gain during pregnancy and birth weight. The energy intake of pregnant women is low throughout the whole pregnancy. The measures for pregnant women to meet the dietary intake standard are necessary for the health of pregnant women and infants.

ICMBALI-0105 - Development of prenatal educational booklet for expectant older primiparous mothers and their partners: focusing on promoting postpartum adaptation

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PURPOSE

The number of births for older primiparas (≧ 35 years old) has increased in advanced countries. Previous studies suggested older primiparas have increased vulnerability to more-severe fatigue, prevalence of physical problems, lower breastfeeding rates, and lower maternal confidence during the postpartum period. Consequently, nursing guidelines for childrearing support for older primiparas in their first postpartum month have been developed and published in Japan. Based on the recommendations in these guidelines, we developed a prenatal educational booklet focusing on promoting expectant parents' readiness for postpartum changes.

We aim to present and share our developed perinatal educational booklet, which includes useful postnatal information for older primiparas and their partners.

DISCUSSION

Our booklet is for providing expectant parents with helpful information to prevent and cope with postpartum fatigue, depression, physical problems such as wrist or low back pain, and to promote breastfeeding and co-parenting relationships. These contents can help the parents make decisions in accordance with their own preferences and values. This Japanese-language booklet is 34 pages, color, lots of illustration, photographs, and published in standard A4 size and a more-portable A5-sized version.

The booklet should work as a tool for anticipatory guidance by readers sharing information with their partners and making decisions with the assistance of the workbook section. The contents are considered in conformity with the needs of older primiparous mothers and their partners.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

This booklet should be used in parenting classes in Japan for older first-time pregnant women and their partners.

EVIDENCE IF RELEVANT

http://minds4.jcqhc.or.jp/minds/childrearing_support_in_older_primiparas/Nursing-Guidelines-for-Childrearing-Support-in-Older-Primiparas-ENGver.pdf.

KEY MESSAGE

We present a developed booklet based on the Nursing Guidelines for Childrearing Support in Older Primiparas in the First Month Following Childbirth, for use in midwifery practice.

ICMBALI-0365 - Nurses use QGIS maps to improve monitoring of performance of skilled birth attendance (SBA), Migori County

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PURPOSE

To share best practice on the effectiveness of using QGIS maps in monitoring service coverage.

DISCUSSION

The presence of a skilled birth attendant at delivery is important in averting maternal and neonatal mortality and morbidity and is key to achieving the 2030 targets of the third sustainable development goal (WHO). A simple geo-data visualization tool, useful for nurses and midwives in performance monitoring was non-existent in Migori county. Quantum Geographical Information System (QGIS) is an open source software used for geo-data processing and analysis (Github, 2015). QGIS was used for SBA service data processing and visualization to strengthen data use for informed decisions at community and facility levels.

Nursing program officers at county and sub county levels were trained in applied data analytics and visualization using QGIS 2.18 software package. Seven-out-of-40 wards with history of low SBA coverages were systematically sampled. Performance percent cut-offs were developed based on national targets and assigned color codes namely: Green (above 80 %), Yellow (60–79 %) and Red (below 60 %). Data on SBA coverage was then abstracted from DHIS2, visualized in the QGIS software and reviewed quarterly with key intervention packages prioritized.

Within one year, 86 %(n = 7) of sampled wards had SBA coverages of above 80 %. This could be attributed to the institutionalization of quarterly performance review using QGIS maps that allowed tangible action plan development for improving the coverage. Specifically, QGIS maps informed advocacy with local political leaders, technical assistance plans, outreach services, antenatal service defaulter tracing, referral system strengthening and community based dialogue sessions

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Empowering nurses and midwives on simple innovations increase competencies, process ownership and accountability that can improve midwifery practice and ensure that midwives protect the future through reaching all populations.

KEY MESSAGE

Need to scale up QGIS use among the entire nursing and midwifery workforce, health facilities and across other thematic areas.

ICMBALI-0969 - Ready-made educational breastfeeding material to improve parental education and empower (future) parents

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PURPOSE

There is a lack of correct, similar and evidence-based information about breastfeeding in primary care and hospital settings. According to mothers, the most difficult thing about breastfeeding are the many contradictory advice.

The purpose of this project is to develop ready-made educational breastfeeding material to prepare parents in the same way for breastfeeding, in the hospital and elsewhere, so that this gives them a point of recognition and guidance.

DISCUSSION

When questioning midwives it becomes clear that working out a workshop for giving health promotion is not always obvious. Care4Education developed a ready-made material so that professionals can get started with giving an interactive information session and various tips and tricks. The different learning forms of adults were taken into account, so the material are structured for informational, visual and practical purposes.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Parents come across the design of the same material at different professionals, this gives them a point of recognition and guidance.

The implementation of breastfeeding promotion had a positive effect on breastfeeding figures in Flanders, Belgium. Both healthcare professionals and parents indicate that they experience the material as positive. Information is easily provided, and parents indicated that the material is clear, playful and gives them a good idea and preparation about breastfeeding.

EVIDENCE IF RELEVANT

Imdad et al. (2011) state that promotion of breastfeeding increases both the percentage of exclusive breastfeeding and single breastfeeding at 4 to 6 weeks and 6 months. Matter et al. (2007) come to the same findings.

KEY MESSAGE

This ready-made package for giving a workshop, information session or to be used during the prenatal/postnatal consultation meets the needs of parents that appears from the literature. A realistic picture of breastfeeding is given in a fresh, timeless way. It can also be used during consultations where language is a problem due to its clear images and few words.

ICMBALI-1650 - Practical guidelines for implementing a woman centred midwifery model (MiMo) to promote normality in maternity care

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PURPOSE

Theoretical models for midwifery and woman centred care with focus on promoting normality, are needed in medically and institutionally dominated hospital labour wards. Such a model, named MiMo, has been developed in Sweden and Iceland based on qualitative reseach on women´s and midwives experiences of childbirth. The aim of this study was to develop practical guidelines based on central concepts of the MiMo model for further implementations in maternity care; explore experiences of women and midwives and define the different roles of health professionals in providing woman centred care.

DISCUSSION

Ethnographic action research methods were used; observation with reflection on actual situations, interviews and focusgroups with women and midwives. The guidelines were formed as a reflection tool for professional report meetings on a hospital labour ward. They consist of steps taken; to form *reciprocal relationships with women*, create *a birthing atmosphere* strengthening and promoting physiological processes and to use the different types of *grounded knowledge* in relation to each woman. Reflections on *balancing acts* to provide *woman centred care* in cooperation with other health professionals and the *promoting and hindering cultural norms* for a midwifery approach, are included.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

This study adds knowledge to how a theoretical model as MiMo can be integrated in practice by midwives.

EVIDENCE IF RELEVANT

The research findings give a tool to reflect on real situations, to stengthen midwives´ professional roles and collaboration with other health professionals when providing midwifery care. Further research is needed to explore application and use in other maternity settings or cultural contexts.

KEY MESSAGE

Theoretical models of midwifery need guidelines for practical use of midwives and for collaboration with other health professionals. How the guidelines benefit midwives´ work and impact outcome of maternity care is recommended.

ICMBALI-0598 - Building and implementing global standards for equipping midwives: the direct relief midwife kit

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PURPOSE

Women have the right to receive high quality care during their pregnancy, birth and postnatal period. An enabling environment is essential to ensure that a well-trained midwife can provide essential maternal and newborn care. Many health facilities in LMIC have inadequate resources which can be addressed by a whole systems approach to concurrently target governance, workforce and infrastructure.

DISCUSSION

The Direct Relief Midwife Kit project is a solutions-oriented approach to advance the health and rights of women by meeting critical supply gaps for midwives. In collaboration with ICM, the Kit contents have been guided by global evidence related to what care is needed to effectively manage the main causes of maternal and newborn mortality.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

The Kits are introduced into countries via in-country partners including the national Midwives' Associations who have an in-depth understanding of which facilities have the greatest needs and supply gaps. The equipment, consumables and pharmaceuticals in the Kit help to support midwives who have been trained in BEmONC put into practice what they have been taught in theory. This includes wearing disposable gloves to prevent infection, using medication to manage bleeding after birth, and a sterile delivery set of instruments to manage active third stage of labor. This poster will explicate the contents and evidence base upon which the kits are founded, as well as the integrated distribution process for getting the Kits into the hands of midwives globally.

EVIDENCE IF RELEVANT

ICM and Direct Relief have developed global standards for the Kits based upon the following key references:

1. World Health Organization, Geneva. Pregnancy, Childbirth, Postpartum and Newborn Care: A Guide for Essential Practice. 3rd edition, Geneva.
2. World Health Organization. 2015. WHO Safe Childbirth Checklist Implementation Guide. World Health Organization, Geneva.
3. World Health Organization. 2015. Service Availability and Readiness Assessment (SARA). World Health Organization, Geneva.

KEY MESSAGE

Global Standards, Association Strengthening, Equipping Midwives.

ICMBALI-1953 - Expansion of midwifery practice to include ultrasound for clinical decision-making

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PURPOSE

Midwives use ultrasound as a tool to enhance clinical decision-making (ACNM, 2018; International Confederation of Midwives, 2019; Fullerton, Butler, Aman & Reid, 2018). A 2013 survey of North American midwives identified the use of ultrasound in practice, a need for midwifery education beyond the essential competencies, a desire for a registry exam to demonstrate acquisition of knowledge and skills, and a clinical guideline specific to the normalcy based scope of practice.

DISCUSSION

Description of a four-year collaborative process for expansion of midwifery practice to include ultrasound, including the provision of accessible education, collaborative development of a midwifery-specific registry exam, and publication of a national practice parameter. Case-based examples are used to illustrate the findings of a membership survey on the use of ultrasound in midwifery practice.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

The American College of Nurse-Midwives engaged in a quality improvement process to expand midwifery practice. The first steps included a membership survey of interest, development of a 24/7 remote learning and local on-the-ground education resources, collaboration with a registry organization to conduct a job task analysis and customized midwifery exam and co-writing a practice parameter with a national interdisciplinary organization matching the midwifery scope of practice.

EVIDENCE IF RELEVANT

American College of Nurse-Midwives Ultrasound Education Webpage: http://www.midwife.org/Ultrasound-Education American College of Nurse-Midwives Standards for the Practice of Midwifery: http://www.midwife.org/ACNM/files/ACNMLibraryData/UPLOADFILENAME/000000000051/Standards_for_Practice_of_Midwifery_Sept_2011.pdf.

American Institute of Ultrasound in Medicine. (2018). AIUM Practice Parameter for the Performance of Limited Obstetric Ultrasound Exams by Advanced Clinical Providers. https://www.aium.org/resources/guidelines/LimitedOB_Providers.pdf.

American Registry for Diagnostic Medical Sonography Midwife Sonography Certificate: https://www.ardms.org/get-certified/midwifery/.

Fullerton, J., Butler, M., Aman, C., & Reid, T. (2018). Global competencies for midwives: external cephalic version; ultrasonography, and tobacco cessation intervention. *Women and Birth*.

International Confederation of Midwives. (2019). Essential Competencies for Midwifery Practice Update. https://www.internationalmidwives.org/assets/files/general-files/2019/03/icm-competencies-en-screens.pdf.

KEY MESSAGE

Midwives use ultrasound to enhance clinical decision-making. The process to expand practice and validate new knowledge is easy to replicate.

ICMBALI-1894 - "The journey from surviving to thriving, guiding the way forward" professional associations, private sector and global health scholars saving mothers, newborns and children

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PURPOSE

Globally, approximately 300,000 maternal, 2.6 million newborn, and 5.6 million under-five child deaths occur each year, another 2.6 million babies are stillborn. The majority of deaths are preventable and treatable with existing cost-effective tools and interventions. There is a critical need to improve the quality of services in order to reduce preventable deaths.

DISCUSSION

Survive and Thrive is a public-private partnership established by the US Agency for International Development with pediatric, obstetric, and midwifery professional associations, the private sector and civil society to improve MNCH outcomes through clinical training, systems strengthening and policy advocacy. The partners agreed on two objectives; support, sustain and strengthen high-quality, facility-based interventions and clinical competencies through training, quality improvement approaches, and the application of effective technologies and innovations; and mobilize and equip members of professional associations to improve the quality of high-impact interventions in health facilities and to be champions in MNCH. Efforts by Survive and Thrive partners responded to this global need by developing tools and resources on Helping Mothers and Babies Survive programs, A quality improvement guide and Professional Association Strengthening Manual.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Survive and Thrive Global Development Alliance demonstrated that professional associations are a pathway to sustainability. A well trained and supported midwife can make the difference between life and birth.

EVIDENCE IF RELEVANT

Working together with partners across multiple countries development and implementation of suit of eight innovative educational modules that simplified complex clinical skills through pictorial materials. Demonstrated that quality improvement approaches are essential to sustain quality of care. Introduction of the Helping babies Breath in over 80 countries. More than 30 countries have adapted and integrated the tools in to their national programs.

KEY MESSAGE

A well implemented educational program is embedded in a strong health system. data based quality improvement process is essential to learn, improve and adapt care.

ICMBALI-0519 - Improving care for women with sickle cell disease?

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PURPOSE

Sickle cell disease (SCD) is the most common inherited condition worldwide, and about 300,000 children are born with SCD every year1. In the UK there are approx 100–200 pregnancies in women with SCD each year 2. Multidisciplinary team care provision, for pregnant women with SCD is recommended to improve maternal and infant outcomes 2.

DISCUSSION

All pregnant women with SCD, at an inner city teaching hospital are booked under specialist caseloading midwifery team and specialist obstetrician and haematologist, with the aim of providing holistic, tailored, multidisciplinary care within a continuity model. Women are seen at least 4 weekly, at a joint antenatal SCD and haematology clinic to ensure provision of integrated multidisciplinary obstetric and haematological care in one visit. Care is provided by: specialist consultant obstetrician and midwives, specialist consultant haematologist, SCD Nurse Specialist, and community SCD nurses. Care pathway is determined by maternal symptoms of SCD crisis. Controversy exists as to whether pregnant women with SCD should receive prophylactic or therapeutic blood transfusions during pregnancy. Current practice in the UK is driven by medical preference. This multidisciplinary team are undertaking a clinical trial randomising women to standard care (therapeutic transfusion) or exchange transfusion regularly throughout pregnancy.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

TAPS2 will confirm or refute optimal management pathways for pregnant women with SCD and their infants. The multidisciplinary approach is advocated but outcomes for pregnant women with SCD and their infants remain variable. This study will identify the impact of prophylactic versus therapeutic blood transfusions in improving pregnancy outcomes for women with SCD and their children.

EVIDENCE IF RELEVANT

1) Serjeant GR. Sickle-cell disease. Lancet 1997;350: 725–30.

2) RCOG. Management of Sickle Cell Disease in Pregnancy-Green Top Guidelines 2011.

KEY MESSAGE

This multidisciplinary SCD team has recently been awarded a grant to undertake a clinical trial that could improve pregnancy outcomes for women and their children-TAPS2 Trial (IRAS 246179).

ICMBALI-1393 - 'Pick you battles' the toxic culture of excusing practices which go against evidence-based best practice

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PURPOSE

It is important to raise attention to toxic work culture within maternity care. By bringing awareness to negative and disempowering language, such as; 'that's not how we do things here' and 'pick your battles', we can encourage a positive environment where midwifes can appreciate each other's knowledge and experience and learn from one another. A positive environment is one in which midwives feel motivated to support change and improvement.

DISCUSSION

When newly graduated midwives, full of passion and current best-practice knowledge enter a new workplace with an intervention based patriarchal culture, they are often discouraged to practice in a way that supports a woman's autonomy. Instead, they are pressured to follow an entrenched culture of the institution in which they work, regardless if practices follow evidence or even local guidelines. Unfortunately, they are often told to 'pick their battles' and disempowered when challenging unjust practices. This toxic work environment prohibits change towards improving outcomes and birthing experiences for women and 'disempowers' and marginalises passionate midwives.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

In order to improve care and outcomes for women, we need to change the culture within our own working environments.

EVIDENCE IF RELEVANT

Evidence supports that working environment impacts on the care maternity staff provide. Poor working environments have been found to negatively effect outcomes for women.

Mannava, P., Durrant, K., Fisher, J., Chersich, M., & Luchters, S. (2015). Attitudes and behaviours of maternal health care providers in interactions with clients: a systematic review. *Global Health, 11*, 36. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/26276053. doi:10.1186/s12992–015–0117–9.

KEY MESSAGE

When awareness is brought to how language affects practice, it may encourage perpetuators to be more mindful and encouraging of their colleagues. It is when midwives change their working environments that they may be more encouraged to make changes within the system and for women.

ICMBALI-1422 - Post-natal care perception in Sapporo, Japan ~ Challenge of Hokkaido Midwife Association ~

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BACKGROUND

Sapporo city started the post-natal care system in September 2016. Sapporo city outsourced six maternity care centers targeting women within 4 month after delivery. The system was implemented in the hope of improving the mother and child health.

OBJECTIVES

The aim of this research is to clarify the cognition of women using the postnatal care system.

METHODS

We employed a self-recording questionnaire. And satisfaction level of women, who had used the Sapporo post-natal care system 2018. We analyzed the quantitative data with descriptive statistics and qualitative data based on the Rapid Anthropological Assessment Procedure. Hokkaido Midwives Association (non-profit organization) is conducting this research in cooperation with Sapporo City. This research was ethically reviewed in Sapporo City Ethics Committee.

RESULTS

The data collection period was from November 2018 to March 2019. The questionnaire was sent to 80 women and 47 women answered. 37 women that used the post-natal care system answered that they were satisfied, 4(8 %) were not so satisfied, 1(2 %) was unsatisfied, and 3(6 %) did not answer this question. The reason why the mother used this system is "rest", "cancellation of child care anxiety", "breastfeeding", "acquisition of child care behavior", "there is no supporter". Mothers who said that they were dissatisfied were the few who could use this system. While receiving postpartum care, a woman was able to regain the "life that can be taken for granted" such as bathing, meal, sleep, by relieving the child as a midwife, and the mental and physical fatigue has recovered. Furthermore, anxiety could be resolved by asking the midwife everything that the mother himself was concerned about.

CONCLUSIONS

Many of the subjects were satisfied with the post-natal care project in Sapporo City, and the mental and physical fatigue recovered by receiving care, confidence to parenting was growing.

KEY MESSAGE

Early postpartum mothers and babies need to provide careful midwifery care.

ICMBALI-2013 - "POP Package" protection from OASI in partnership

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PURPOSE

The key driver of the POP Package was to address an increasing incidence of Obstetric Anal Sphincter Injury (OASI) and reduce maternal morbidity through a collaborative multidisciplinary approach in partnership with service users, providing consistency and standardisation of practice, alongside multidisciplinary training.

DISCUSSION

OASIs are a potential serious complication for women during vaginal birth and leading cause of anal incontinence, which significantly impacts on quality of life. Following a concerning peak in the incidence of OASIs in 2013 this Maternity Service;

- Convened a multi-professional working group.
- Raised staff awareness.
- Collaborated with Service Users.
- Visited Norway to observe perineal protection practices.
- Organised OASI prevention week, visit from a Norwegian midwife expert in perineal protection.
- Launched the POP Package.
- Introduced a rolling programme of training.
- Identified POP Champions.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

The POP Package includes:

- Good communication with women, education and support of informed choice.
- Encouraging antenatal perineal massage.
- Promotion of application of warm compresses during second stage of labour.
- Visualization of perineum, considering optimal birthing positions.
- One hand slowing down delivery of fetal head and shoulders.
- Other hand supporting and protecting the perineum.
- Encouraging the mother not to push during contractions whilst head crowning.
- Episiotomy by indication.
- Delivery of posterior shoulder first.
- Complete and accurate documentation.

EVIDENCE IF RELEVANT

RCOG (2015) The Management of Third- and Fourth-Degree Perineal Tears. GTG 29.

Laine, K., Skjeldestad, F.E., Sandvik, L. and Staff, A.C. (2012) Incidence of obstetric anal sphincter injuries after training to protect the perineum: cohort study. BMJ Open Oct. 17, 2(5)

KEY MESSAGE

Introduction of the POP Package has resulted in reduced incidence of OASI within this Maternity Service from 4.2 % (2013) to 1.5 % (2018) and 3.7 % (2013) to 0.75 % (2018) in normal vaginal births.

Quality improvement in the provision of safe and excellent care for women using this Maternity Service has been central to the development and implementation of the POP Package, which has incurred no additional costings.

ICMBALI-0960 - Empowering the couples: promote gentle birth in a tertiary hospital

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PURPOSE

There are too much information about childbirth and many negative birth stories in online social media. However, the antenatal classes in Hong Kong public hospitals are conducted in large class. Time for discussion or clarification with the participants is limited. Most of the couples expressed that conventional class cannot address their need or alleviate their fear in childbirth. The project aimed to reduce fear in childbirth and empower the couples to have a calmer and positive birth.

DISCUSSION

This is a 2-weekend workshop with each session lasting for 3 hours. Class capacity is 30. The contents consist of 4 domains: mindfulness practices; hypnobirthing; childbirth massage and infant massage. Audio recordings of mindfulness and hypnobirthing practices are prepared for home practice. W-DEQ is adopted to assess women fear of childbirth. Self-designed questionnaires are used to collect information about home practice and pain relief used during childbirth.

The difference of pre and post-score W-DEQ are ranged from -52 to 23 with 21 % decrease in average. Women who practised more have larger degree of decrease in the score. Among the nulliparous women, duration of first stage of labour is 9.3 hours. 60 % of the women did not use entonox and analgesia. Mindful breathing is their most favourite choice. The couples comment that interactive discussion on the physiological pathway of childbirth can allay most of their fear. Further data to prove the possibility in reducing caesarean delivery is yet needed.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Interactive antenatal workshop is feasible. The workshop demonstrated the effectiveness in reducing fear of childbirth and enhancing positive birth experience.

EVIDENCE IF RELEVANT

WHO Recommendations Intrapartum Care for A Positive Childbirth Experience.

WHO Recommendations Non-clincial Interventions to Reduce Unnecessary Caesarean Section.

KEY MESSAGE

This workshop is a women centered programme to empower the couples in using a nature way to have a calm and positive birth.

ICMBALI-2022 - The effects of acupuncture in labour

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PURPOSE

To explore a safe and effective scheme of analgesic for labour.

DISCUSSION

Acupuncture during labour has been shown to lower labour pain severity, improve patient satisfaction and decrease the use of pharmacological agents and epidural anaesthesia. It may consequently be particularly convenient to women who would like to prevent the use of pharmacological or invasive methods of pain management in labour, and this may lead towards the prevalence of acupuncture as method of pain management. What is more, women receiving acupuncture in labour seem to encounter further advantages, including shorter length of labour and reduced rates of instrumental vaginal birth and caesarian section.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

In countries such as the UK, Germany and Scandinavia acupuncture is provided by midwives. A midwife provided acupuncture service seems to be an equally reasonable and profitable alternative.

KEY MESSAGE

Acupuncture is an effective analgesic for labour. It effectively alleviates labour pain and has no maternal and child complications.

ICMBALI-2021 - State of colombian midwifery: a vision of challenges and resilience

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PURPOSE

Throughout the numerous exchanges of knowledge and encounters we want to make visible the identity, role, responsibilities and challenges of midwifery in Latin America and more specifically in Colombia.

DISCUSSION

In an initial review of the state of the art of scientific knowledge associated with midwifery within the area of public health, a diversity of profiles appears very relevant, confusing and at the same time enriching. The conceptual framework starts from the same etymological root of the words midwife, traditional midwife, CPM, CNM, obstetrician, nurse etc. … that prove the diversity of profiles and the heterogeneity of, apparently, the same practice.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

For example, against the pandemic of unnecessary caesarean sections, the resilience and training of traditional midwives, urban, rural, afro and indigenous, development policies, the demands of professional midwives who seek to regulate this profession, and the latest claims towards the humanization of childbirth, and sexual and reproductive rights; the midwife is recognized as a primary, family and community health agent, with a differential approach: it is chosen thanks to loyalty and mutual consideration. Its existence today in Colombia is proof of that intercommunity synergy.

EVIDENCE IF RELEVANT

Given that for centuries and decades midwifery has been located in a marginal position in Colombia, and has historically been stigmatized, persecuted and / or despised we want to participate in the education, regulation and association of midwifery in Colombia.

KEY MESSAGE

In a country marked by broad socio-economic inequalities, the relationship is direct within the health system that replicates these inequities of gender, class and race that are revealed in different forms of neglect and even violence at critical moments of the beginning of life. We are convinced that the role of the midwife is to participate in this change towards peace, understood as human talent and not human resource.

ICMBALI-0648 - Meeting the needs of rural women - an innovative midwifery model of care

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1 *WA Country Health Service, Wheatbelt Midwifery Group Practice, Northam, Australia*

PURPOSE

In 2015 after the General Practitioner Obstetrician (GPO) retired and efforts to recruit more GPO's to the region failed, the Northam maternity service closed.

To meet the needs of the women in the Wheatbelt region, the WA Country Health Service commenced an evidence based, midwifery led model of care in 2017. The Wheatbelt Midwifery Group Practice (WMGP) is a unique midwifery led practice with 3.5FTE of midwives providing woman centred continuity model. Women with low risk pregnancies can have all care and birth locally and women with medium to high risk pregnancies will have care shared between the WMGP and the closest metropolitan hospital. This is an entirely midwifery led service without birthing obstetric support onsite.

DISCUSSION

Australia has seen the closure of 41 % of maternity units over the past 20 years, of which a large number were in rural and remote areas. Historically decisions to close birth services were based on perceived clinical risk but there is a growing body of evidence demonstrating negative health outcomes and social consequences resulting from the loss of rural and remote birthing services. The WMGP is the first midwifery led model of it's kind in Western Australia and it's sustainability and outcomes lead the way for other small rural communities to implement similar models. Northam is located 100km from Perth, and the WMGP accepts women who live within an hour of Northam.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Midwifery led care is a safe, sustainable model of care, producing good outcomes, including maternal and midwife satisfaction. The WMGP is an innovative service leading the way for midwifery led models of care.

EVIDENCE IF RELEVANT

Longman, J., et al (2015) The Australian Rural Birthing Index Toolkit. Lismore.

KEY MESSAGE

The WMGP is an innovative unique midwifery led model of care which can be replicated in other rural and regional areas.

ICMBALI-2032 - Midwifery among the Badjao Philippine community

S.L. Usih[1], *J. Foster*[2]

1 *Notre Dame of Jolo College, Health Sciences, Jolo, Philippines*
2 *Emory University, School of Nursing, Atlanta, Georgia, USA*

PURPOSE

The purpose of the presentation is to highlight midwifery practice among Badjao mothers and babies as experienced in the southern Philippines.

DISCUSSION

Nursing and midwifery faculty from the Notre Dame College of Jolo in the southern Philippines have a long-standing community partnership with the Badjao community. In addition to prenatal and postpartum care, immunizations, health education, and advocacy, the faculty and staff of Notre Dame College of Jolo supports a community extension group in a sewing cottage industry to sell handmade products, providing some economic sustenance. Faculty collaborate with the Department of Health which operates a tiny health post with community health workers with one delivery and one postpartum bed to serve approximately 120 births per year. Women with complications are transferred by boat to hospital in Jolo, about 30 minutes away. Discussion: Midwives serve women in some of the most inaccessible places on earth. This one example of midwifery among the Badjao highlights how nurses and midwives of Notre Dame of Jolo College, a Catholic College with a student body that is 96 % Muslim, are able to provide holistic care to a highly inaccessible and impoverished community, illustrating the dedication of respectful midwifery care across social, economic, cultural and religious lines.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

We live in a world marked by ethnic and religious violence. Jolo, in the southern Philippines, has suffered from such violence for many years, including in 2019. Nevertheless, midwives from Jolo travel by boat to care for the Badjao. Midwifery practice endures, irrespective of cultural difference.

KEY MESSAGE

Notre Dame of Jolo, a Catholic College in Jolo, with majority Muslim students and faculty, work together to provide care to the Badjao, one of the poorest and most marginalized ethnic groups in the Philippines. Midwifery care endures even in the face of the ethnic and religious violence afflicting Jolo.

ICMBALI-1496 - Simple technique to reduce medical intervention for pain and progress in birth

H.M. Vallentin[1]

1 *Meyer midwifery, Meyermetoden, Copenhagen, Denmark*

PURPOSE

A technique for painrelief and better birth experiences

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

The Meyer method is a relaxation technique which works both painrelieving and birth promoting, as an overall relaxation is obtained at the time of the contraction, thus allowing the birthing body to work optimal.

The method consists of elements aimed at both physical and mental relaxation conducted by the midwife.

The technique consists of a series of "Meyer pressure" (double pressure which uses *gate control and grounding) in a fixed pattern down the woman's body at the time of contractions. The pressures are complemented by a verbal guiding based on hypnosis that helps keep mental calm, also by diverting the focus, as well as control of the deep breathing.

The technique is an efficient and quick method to lead the birthing woman into the optimal relaxation and cooperation with the birthing power and can be used both for better progress and painrelief in birth, but also taught in pregnancy to gain a conditional relaxation reflex.

The method is based on presence, trust, teamwork and touch, all of which are parts that are known to have an oxytocin-inducing effect. The contractions often becomes better, more regular when the method is put into use.

It is:

- A pressure series of deep focus points as well as a mental guiding for maintaining focus and relaxation.
- A proven derivation and blocking of pain signals at *Gate Control theory.
- A conditioned / learned technique for the relaxation and mobilization of the central nervous system for parasympathetic activity and hormone flow.
- A shortcut to relaxation, breathing and coping.
- A timer of the contractions.
- A bodyscan and a grounding.
- A tool for the midwife to help the woman when she has lost control of fear and tension.

KEY MESSAGE

The Meyer Method is a tool to help women birth better with less pain and fear.

ICMBALI-2109 - An innovative approach in breastfeeding coaching class to reduce stress and anxiety levels of postpartum breastfeeding mothers by combining music therapy and midwifery expertise

L. Wai Ki[1], *K.Y.C. Cheung*[1]

1 *Queen Mary Hospital Hong Kong, Obstetrics and gynecology, Hong Kong*

PURPOSE

Breastfeeding has been emphasized worldwide as it promotes optimal growth for the infant and promotes mother-child bonding. Research confirmed that maternal stress and anxiety are factors that inhibit lactation. Empowering women and promoting positive mental health is vital part of the transition towards motherhood. Music therapy is an evidence-based practice that has appeared effective in reducing stress and anxiety in various client populations. The department is working towards incorporating music element into the breastfeeding class to promote enjoyment, to empower women and to build a positive mentality towards breastfeeding.

DISCUSSION

This innovative approach encourages mothers to sing to their baby during breastfeeding. Research suggests that active music making, e.g., singing, compared to passive music listening, deemed more effective in reducing stress, enhances oxytocin & dopamine level . Infant's auditory system started to develop during pregnancy research has shown that mothers' voice is soothing for the baby. The role of the therapist not only facilitates the music but also offer containment and a safe space for mothers to freely express. Two songs were written specifically to address the theoretical aspects of breastfeeding. The melody is easy and repetitive and flexible to incorporate baby's name for bonding purposes. The rhythm and tempo matches the mother's emotion and the heartbeat of an adult to create a soothing effect.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Currently the department provides breastfeeding class to address theoretical and practical aspects, such as correct feeding position, latch on techniques. The collaboration between a music therapist and midwife compliments both emotional and physical needs of motherhood transition.

KEY MESSAGE

Incorporating music therapy in midwifery practice to promote mental health, reduce stress and anxiety level amongst postpartum breastfeeding mothers. To create a relaxing lactating atmosphere with live music To encourage and empower mothers to sing To make the learning fun : reinforce the theoretical aspect of breastfeeding through singing.

ICMBALI-1875 - Transitioning to team leader; my first six months

B. Westbury[1]

1 *Hywel Dda University Health Board, Gwenllian ward, Bronglais General Hospital, Aberystwyth, United Kingdom*

PURPOSE

In August 2018 I commenced a community team leader post in a new health board. In the first six months I worked with the team to implement a series of changes to improve care and team working. Transformational leadership styles were utilised as I endeavoured to lead by example and promote involvement from the team in decision making.

DISCUSSION

Restructuring the community clinics provided care closer to women's homes and improved continuity. Antenatal education was re-established, including hypnobirthing and aromatherapy, antenatal yoga, and a course of antenatal classes covering labour and birth, breastfeeding and postnatal care. Additionally, the home birth service was promoted and 'meet the team' events were held for women to meet the midwives and chat to families who had home births. The community midwives office was relocated to the maternity ward from the outpatient area to foster more effective working relationships with ward staff. Furthermore, social activities, regular team meetings and sharing good practice facilitated team building and improved morale

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Facilitating our own clinics drastically improved continuity of carer. This has led to improved feedback from women, has reduced the amount of different midwives women are seeing and has increased job satisfaction for midwives. The changes we have made have been in line with national recommendations and have responded to women's opinions in the 'Your birth, we care' national survey undertaken by Consultant Midwives Cymru in 2017.

EVIDENCE IF RELEVANT

Feedback on care from women and families is excellent, with 95 % of women rating the service as 'very good'. The home birth rate has increased significantly, from a rate of 0.6 % for 2018, to 3.6 % so far for 2019. Antenatal education continues to evaluate exceptionally well, and women report sessions are extremely beneficial.

KEY MESSAGE

Transformational leadership has enabled small changes that have had a significant impact on the service.

ICMBALI-1074 - Stop the Hollywood drama – hypnosis for a gentle, safe and happy birth

J. Wohlrab[1]

1 *Jutta Wohlrab, Independent midwife Elements of Birth, Berlin, Germany*

PURPOSE

Pregnancy and giving birth is always a dramatic scene in Hollywood movies that scares many pregnant mothers and their partners.

This workshop will reverse this stereotype by introducing the positive effect of hypnosis during pregnancy, the birthing process and after giving birth.

The presenter will use her over 36 years of experiences as a professional midwife and a hypnotherapist, trainer, speaker and author for over a decade to provide both theory and practical hands-on approach to bring back the joy of giving birth. Birthing Partners play an important role during that time and need to feel confident and calm to be able to support in the best way.

DISCUSSION

Participants will understand the neurobiology of the brain, the roles of different hormones and the impact of hypnosis and its positive use throughout pregnancy and the birthing process. The needs for innovative strategies for women and their birthing partners.

How hypnosis and deep relaxation can change our mind, the movie in our head and creates a pathway to more happiness.

CAre midwives able to use those skills and how?

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

A different approach to new strategies in childbirth education and work with women.

Participants will learn about innovative hypnosis strategies for women and their partners

The positive impact it has on our daily work and the long-term impact for everyone involved.

EVIDENCE IF RELEVANT

I will share my client's stories and the outcome during birth and afterwards.

The perspective of hundreds of women in the past years and a few thousand participants in my courses.

The impact on their choices at birth, away from unnecessary intervention towards more choice and confidence.

KEY MESSAGE

Birth is the start in life how we are born and give birth makes a difference to all of us.

Be brave and make a dent in the birthing world.

ICMBALI-2206 - Women and midwives empowering each other to strengthen the future of maternity care in the United Kingdom

J. Wright[1]

1 *University Hospitals Birmingham NHS Foundation Trust, Princess of Wales Maternity Building, Heartlands Hospital, Birmingham, United Kingdom*

PURPOSE

On the 30th January 2019 the executive board of the World Health Organisation (WHO 2019) designated 2020 as The Year of the Nurse and Midwife. Globally midwives have been recognized as intrinsic and fundamental to enhancing the experiences and saving the lives of childbearing women (ten Hoope-Bender P et al (2014). Midwives are often part of the communities they serve so are ideally placed to support, advocate, educate, empower and be with women in all birth environments. Within the United Kingdom a midwife is privileged to be present at every delivery.

DISCUSSION

There is an increasing movement led by women and midwives to recognize women as leaders of their own care and midwives as facilitators by ensuring their informed choices are listened to. This moves away from traditional patriarchal models in that women are empowered to be full partners in their own birth experiences. Midwives and women can now access a plethora of information, this includes the traditional information such as guidelines. There are also new organisations such as the Maternity Voices Partnership (2017) and Birthrights (2019) which support women directly whilst also helping the midwife to ensure that women get respectful, high quality care. This multi-professional and multi-organisational approach also provides professional safety for midwives and a safe (physical and psychological) environment for women.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

As part of advocating for and empowering midwives and women the consultant midwife's practice involves offering birth options clinics. At these clinics the consultant midwife receives referrals from other healthcare professionals and women when requests for non recommended care are sought. Together the woman, her family and the multi-professional team work to formulate plans which keep women and their baby's safe whilst striving to fulfil their birth choices.

KEY MESSAGE

Empowering midwives AND women so that childbearing is respectful, high quality and delivered in a safe environment.

ICMBALI-2100 - A prospective observational study on the incidence and risk factors of obstetrics perineal wound infection in women with vaginal deliveries

L.M. Yeung[1], K.M. Yeung[2], L.F. Ho[3], Y.S. Lee[4], M.Y. Yip[5], C.N. Chan[6], E. Au-Yeung[7], E. Siu[8], M.C. Cheung[9]

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2 *Kwong Wah Hospital, Obstetrics and Gynaecology, Hong Kong*
3 *Princess Margaret Hospital, Obstetrics and Gynaecology, Hong Kong*
4 *Prince of Wales Hospital, Obstetrics and Gynaecology, Hong Kong*
5 *Pamela Youde Nethersole Eastern Hospital, Obstetrics and Gynaecology, Hong Kong*
6 *Queen Elizabeth Hospital, Obstetrics and Gynaecology, Hong Kong*
7 *School of Midwifery, Hospital Authority, School of Midwifery, Hong Kong*
8 *Tuen Mun Hospital, Obstetrics and Gynaecology, Hong Kong*
9 *United Christian Hospital, Obstetrics and Gynaecology, Hong Kong*

PURPOSE

Perineal wound is common in women undergoing vaginal births, which may lead to wound infection imposing negative impacts on women's health and quality of life. The aim of this study is to elicit the incidence of perineal wound infection and its associated risk factors among Hong Kong Chinese women.

DISCUSSION

This was a prospective multi-centred observational study conducted in all eight obstetric units in Hong Kong public hospitals. Women who gave vaginal birth in April 2017 were recruited in the immediate postpartum period. Baseline demographic data and peripartum characteristics were collected. Wound complications were collected over the phone in the first week postpartum and diagnose after medical assessment with laboratory evidence. Perineal wound infection rate was investigated and multiple logistic regression was used to assess the relationship between wound infection and baseline characteristics.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

The underlying cause why nulliparous women having higher incidence of infection required further exploration and the intrapartum use of normal saline as a perineum cleaning agent is recommended.

EVIDENCE IF RELEVANT

Of 1814 women eligible for the study, 1618 of them agreed to join. The incidence of perineal wound infection was 2.16 % (95 % confidence interval [CI] 1.56–2.99). Higher risk of perineal wound infection was associated with nulliparity (odds ratio [OR] 3.50, 95 % CI 1.21–10.08, p = 0.020) and combine use of sterile water and antiseptics (OR 4.18, 95 % CI 1.13–15.40, p = 0.032 when compared to normal saline) after adjusting for mode of delivery, presence of episiotomy wound and duration of second stage of labour.

KEY MESSAGE

The incidence of perineal wound infection found in this study was higher than that of a previous local study (0.2 %) using data retrieved from computerized medical record. This study has provided clinical significant information on perineal wound infection of vaginal births and its associated risk factors.

Poster session – Regulation – Research

ICMBALI-1612 - Quality of childbirth in Poland. Is perinatal care consistent with the WHO guidelines?

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3 *Medical University of Warsaw, Department of Medical Communication, Warsaw, Poland*
4 *Medical University of Warsaw, Department of Obstetrics and Gynecology Didactics, Warsaw, Poland*

BACKGROUND

In 2018 WHO published recommendations "Intrapartum care for a positive childbirth" to indicate the directions of determining the quality of perinatal care. The guideline focuses on the care of low-risk pregnant women and recommended natural, nonmedicalized labour and childbirth. In Poland, around 400,000 women gave birth last year and the rate of Caesarean Section reached 43 %.

OBJECTIVES

Evaluation of the quality of perinatal care in Poland in context of WHO recommendations on intrapartum care.

METHODS

A quantitative survey was carried out from February 2019 to March 2019 and assessed labour experiences, realisation of expectations towards perinatal care and the level of medicalisation of childbirth. In an on-line questionnaire participated over 40,000 Polish women who gave birth in hospitals in Poland between 2017–2018. The analysis will be juxtapose with the results of WHO recommendations on intrapartum care for a positive childbirth experience. The Bioethical Commission at the Warsaw Medical University issued a statement number AKBE/232/2017 on lack of objections to the research.

RESULTS

The data is being collected and compiled. Preliminary analysis shows a high degree of medical intervention during childbirth, lack of support in breastfeeding and high rate of negative experience among women giving birth.

CONCLUSIONS

Our research shows that high level of medicalisation of childbirth remains a challenge for midwives and other healthcare professionals in Poland. Further work is needed in order to bring down the level of medicalisation and to increase the implementation of WHO recommendations in Poland.

KEY MESSAGE

Our research shows that high level of medicalisation of childbirth remains a challenge for midwives and other healthcare professionals in Poland. The midwife's role in perinatal care should be strengthened, which will allow for a higher percentage of normal births. Further work is needed in order to bring down the level of medicalisation and to increase the implementation of WHO recommendations in Poland.

ICMBALI-1159 - Private payments increase health inequality – How do pregnant women living in financial poverty in Germany experience the offer of private payments in health care?

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2 *Katholische Hochschule Nordrhein-Westfalen Catholic University of Applied Sciences, Department of Applied Health Sciences, Cologne, Germany*

BACKGROUND

Particularly during pregnancy and early motherhood, some women experience economic disadvantages that have a negative impact on their well-being. The risk of bad health condition of the mother and the child is increased. In 2017, one in six (16.7 %) people living in Germany will be classified as at risk of poverty and the risk potential for single mothers with children will increase to 46.0 %. As a rule, all costs during pregnancy are borne by the statutory health insurance. However, practical and research results show that gynecologists and midwives are increasingly offering out-of-pocket payment. These are not part of the conventional health insurance and must be paid privately by pregnant women.

OBJECTIVES

The aim of the study within the master thesis is to find out how pregnant women who live in a situation of poverty experience the offer of out-of-pocket payment.

METHODS

In qualitative interviews, ten women with low financial resources, 2–18 weeks after childbirth, were interviewed. The interviews were conducted in three cities in North Rhine-Westphalia and analysed according to Mayring.

RESULTS

The women are confronted with their financial distress in the context of the medical care structure, and must decide about the handling of these extra services. Effects of the decision: A sum of money over 20 euro must be consciously saved by foregoing other expenses, especially for clothing and food. Pregnant women feel burdened by both, complete waiver or selection of out-of-pocket payment, because they fear the exclusion from medical services.

CONCLUSIONS

The fact of having to pay for certain medical services privately excludes pregnant women living in poverty. It also leads to stigmatization or embarrassment.

KEY MESSAGE

Vulnerable population groups such as pregnant women should be exempted from out-of-pocket payments in health care.

ICMBALI-1247 - Role of the midwife in the process of voluntary termination of pregnancy. The case of Uruguay

V. Caraballo Rubino[1], *K. Caviglia*[1], *F. Díaz*[1]

1 *Facultad de Medicina, Escuela de Parteras, Montevideo, Uruguay*

BACKGROUND

In Uruguay, Law N °18.987 of Voluntary Interruption of Pregnancy (VIP) takes effect in 2012, which in its article N °3 establishes that the interdisciplinary team will be integrated by at least one gynecologist, a psychologist and a professional of the social area. The research presented aims to shed light for the role of the midwife in the process of VIP, although its intervention is not included in the aforementioned Law and is understood as fundamental by the closest attach with the women. To this point there is a lack of research in this area, recognizing that there are no studies or researches that provide data on the role of midwife in multidisciplinary teams in VIP.

OBJECTIVES

Analyze the participation of the midwife within the interdisciplinary team in the process of VIP and highlight the difficulties in accompanying women.

METHODS

It is a descriptive study. As data sources, the daily records of the consultations carried out by Midwives, surveys and interviews were implemented with midwives working in health centers.

RESULTS

The participation of the midwives was evidenced in most of the consultations for Voluntary Interruption of Pregnancy.

CONCLUSIONS

The results show that the midwife is a professional with skills and competencies to be part of the Sexual and Reproductive Health team, which corresponds to the guidelines of the World Health Organization. It is a fundamental component for the health center and its team, for the community, for women, and for the development of midwifery as a profession, although this is not reflected in current regulations.

KEY MESSAGE

The midwife should be part of all Sexual and Reproductive Health teams, considering the process of providing information and guiding the woman in her decision execute a voluntary interruption of pregnancy in the corresponding safety conditions and accompanying her during the whole process.

ICMBALI-0578 - Young women's perception of cervical cancer screening and the current method of advocacy in Japan

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BACKGROUND

Recently, both the morbidity and mortality rates of cervical cancer among Japanese women in their twenties and thirties have been increasing. The average percentage of Japanese women taking cancer screening tests is significantly lower than in other OECD countries at 30–40 %. In particular, the lowest rate is for women in their twenties at 6.85 % even though check-up vouchers are provided by mail to every woman from 20 to 45 years of age.

OBJECTIVES

To clarify young women's perception of cervical cancer screening and the current advocacy method in Japan.

METHODS

We gave a self-administered questionnaire to female university students and conducted a focus group discussion that included male students. The questionnaire questions were analyzed descriptively. A contents analysis method was used for qualitative data. This study was approved by the Ethics Committee of Wakayama Medical University.

RESULTS

We delivered the questionnaire to 213 female students and received 130 valid responses. Ten women (7.7 %) took a cancer screening test, 109 (83.8 %) received an HPV vaccine and 56.2 % of the participants indicated they had received a check-up voucher by mail to their home address. However, only 20.5 % of them answered that they had read the enclosed booklet. "Lack of correct knowledge", "Negative impression of checkups" and "Inadequate recognition of the voucher" were extracted as categories for the young women's perception of cervical cancer screening. Regarding the booklet, "Not attractive", "No feeling of reality" and "Need for information sharing" were extracted. The level of intention to take a cancer screening test was assessed using a visual analogue scale from 0: "never to take" to 100: "be sure to take". The average was 60.85 (SD ± 18.9).

CONCLUSIONS

The current system and advocacy of cervical cancer screening for young women in Japan is inadequate.

KEY MESSAGE

More innovative ideas are needed to provide information about cervical cancer screening for young women.

ICMBALI-0584 - A collective approach to better understand the profession's meaning, develop in keeping with it and publicly affirm it both in Quebec and in other societies

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3 *Université de Sherbooke, Faculté de droit, Sherbrooke, Canada*
4 *Universite Du Quebec A Trois-rivieres, Department Sage-femme, Montréal, Canada*

BACKGROUND

In 1999, midwifery was legalized as a profession in Quebec. At that time, midwives adopted a philosophy of practice to affirm their professional identity. They had to meet the challenge of integration in a medico-centered system while maintaining a coherent professional identity. Twenty years later the midwife community wished to revisit their identity landmarks.

OBJECTIVES

To complete a collective process to identify their identity landmarks and pinpoint the fundamental concepts that bring meaning to the profession. Compare with the parent's viewpoints.

METHODS

Qualitative research was chosen, using the "cooperative inquiry" method, leading to the emergence of knowledge stemming from experience and further formalizing it. Thus, 65 midwives participated in two discussion workshops, producing a reflexive text in between the sessions. A focus group meeting with parents completed the exercise. The thematic analysis that was constructed progressively after each activity reinforced the process.

RESULTS

The reflexive process identified both coherence and deviations among midwives regarding the meaning of their identity. It shed light on the dilemmas surrounding the exercising of their professional judgment and pointed out the tensions with parents and the institution. Lastly, midwives heightened their reflection on the profession's social and communal mission.

CONCLUSIONS

Revisiting their identity landmarks twenty years after legalization enabled Quebec's midwives to clarify and develop in keeping with them. This collective process will help them reaffirm who they are in society and fulfill their unique mission autonomously.

KEY MESSAGE

A strong and clear professional identity is helping midwives to be more visible and to inhabit their own professional territory.

ICMBALI-2172 - Evaluation of the effect of the axes of health and identity of the families in action program in the population -mml 2013

E.S. Lecca Sanchez[1]

1 *Pueblo Libre, Lima, Peru*

BACKGROUND

In Lima, some people live in AAHH, this place no have equality acces for health, population study was of 29 families, the census sample considered the entire population into two experimental groups (29 families) and control (29 families), in which the variables used were: Families in Action Program and health and identity axis.

OBJECTIVES

Evaluate the effect of the Family in Action Program in improving the health and identity indicators in the AA. HH. Villa María del Perpetuo Socorro.

METHODS

The method used in the research was the hypothetical-deductive. This research used for its purpose the experimental design of quasi-experimental class, with groups : experimental and control groups; where information was collected in a specific period, which was developed by applying the baseline or Family Plan and final evaluation of the intervention, which were recorded in the Checklist with scale Likert tipe(sensitized, Partly sensitized, No sensitized), which provided information on the health and identity axes, whose results are presented graphically and textually. keywords are: evaluation of the effect, Families in Action Program, Axis of health and identity.

RESULTS

When performing this research, not only ,it was significantly evidenced that the Family in Action Program significantly improves health and identity axes in the populationof the AA. HH. Villa María del Perpetuo Socorro; but also, the obstetricians perform the joint to community interventions and also are key part to address health issues not only in offices but also at the level of other state institutions.

CONCLUSIONS

That the visits made by the professional properly capitated, influences the change of life habits and hygiene, in addition to counseling in health, nutrition and soft skills, this is demonstrated because the people who received the visits complied with the attentions of their children and their pregnancy.

KEY MESSAGE

Monitoring and visits at home contributes to improving the decisions of families.

ICMBALI-0254 - Can we afford it? Incorporating costs analyses into perinatal trials using routinely collected datasets. A case study

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5 *Capital Markets CRC, Health Market Quality Program, Sydney, Australia*

BACKGROUND

The number of perinatal clinical trials is growing rapidly, however, cost effectiveness analysis is rarely included. How can we determine the cost effectiveness of implementing findings from studies into practice, and can cost analyses be included in perinatal trials using routinely collected datasets?

OBJECTIVES

To provide a guide to incorporating cost data for cost-effectiveness analysis in perinatal trials using routinely collected datasets.

METHODS

We will present a case study of a trial of antenatal education, the methods for collecting cost data using routinely collected datasets and application of costing from the Australian refined diagnosis-related group (ARDRG) codes. Outcomes are based on a comparative analysis of the alternative courses of action in terms of both their costs and their outcomes for a two arm RCT. Consideration is given to who bears the cost – societal or government.

RESULTS

For the RCT, comparisons were made using mutually exclusive codes in a decision tree analysis of obstetric outcomes. Costs incurred by the study group were compared with the control group. Reduction in costs were demonstrated using caesarean section as the outcome, as this was the largest cost differential in the ARDRGs.

CONCLUSIONS

The use of the ARDRG codes, or similar international codes, provides a relatively simple way to conduct cost analyses for particular interventions. This enables informed choices about the added value of a proposed intervention, and the cost differentials depending on who bears the cost of the intervention. Comparison of international codes is also possible in the RCT design, allowing for inclusion in a meta-analysis.

KEY MESSAGE

This study provides a method for examining the financial impact of interventions in perinatal trials, using routinely collected perinatal data. This is timely given the global emphasis on reducing intervention rates and the budgetary constraints faced by maternity providers in many settings.

ICMBALI-0944 - Impact of MDG5 on midwifery in Indonesia: from anthropological fieldwork

E. Matsuoka[1]

1 *Nara Women's University, Center for Gender and Women's Culture in Asia, Nara City, Japan*

BACKGROUND

This research explores the impact on midwifery of several measures taken to reduce maternal mortality in Indonesia. Since the introduction of the guideline which prescribes referral signs to hospitals, increasing number of women have been transferred from midwife led birthing places to hospitals.

OBJECTIVES

To shed light on resulting impacts on midwifery in Indonesia of measures taken to reduce maternal mortality to achieve MDG5 target.

METHODS

Anthropological field work in birth places in Central Java.

RESULTS

Referral rate from one midwifery practice in central Java increased to 40–50 % for the past 10 years, resulting in greater proportion of cesarean section and decreasing number of normal births. Bidan (midwife is called bidan in Indonesia) is still the first contact for most pregnant women in Indonesia, but births are now moving from bidan to obstetricians, resulting in reduced number of applicants in some bidan schools due to unfavorable prospects for future bidan. Other new policy change such as BPJS (universal health coverage) is giving negative impacts on private midwifery practice (BPM) which used to be and still is the backbone of continuous midwifery care in Indonesia.

CONCLUSIONS

Indonesia's strong maternity care system based on midwifery is losing ground. Increasing referral from bidan to obstetricians do not contribute to maternal and child health as it brings higher cesarean section rate and less normal births. Equally, women's choice of birth place is not met, if a referral is made automatically despite a woman's wish to give birth in a midwife led birthing place.

KEY MESSAGE

Considering that MMR did not decrease along with increasing rates of hospital births, it is important to maintain current maternity care based on bidan in Indonesia for both woman and baby's health rather than relying on medical model of birth.

ICMBALI-1188 - The state of midwifery education and practice regulation in India: midwives' perceived challenges and recommendations

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BACKGROUND

Midwifery bears the consequences of being a nursing-dependent profession and is being regulated together with nursing in India. Given that 88 % of education is provided by the private sector which has reportedly poor quality and that 70 % of education is provided in southern India, regulatory functions and reforms become crucial for quality education and service provision in the entire country.

OBJECTIVES

1) To investigate the midwifery regulatory system in India and its potential impact on midwifery education and development;
2) To understand the challenges in midwifery education and regulation and recommendations.

METHODS

Thirty-four in-depth interviews were conducted in five states and at national level in India; United Kingdom and Switzerland with midwifery leaders representing administration, advocacy, education, regulation, research and service provision. Analysis of nursing and midwifery acts from the national and five study states.

RESULTS

Analysis of nursing acts shows the lack of importance given to midwifery roles and profession. The councils and acts do not have a role in midwifery practice, which is a barrier to good quality care provision. The lack of amendment of acts has encouraged stagnation on leadership positions and over-involvement of medical representatives in key governance position of councils. This impairs growth of the profession due to the lack of representation of midwives. Regulation of education was particularly concerning in the private sector with lack of practice site, corruption to pass students without practice and lack of teachers. Discrimination against midwifery students was rampant, allowing more practice for medical students. Discrimination against male midwifery students resulting in their lack of practice is a key gender-based challenge.

CONCLUSIONS

Direct entry midwifery and independent midwifery was strongly recommended along with improved midwives' decision making power and role in health care and workforce governance.

KEY MESSAGE

The state of midwifery regulation of a country determines the quality of midwifery education and care provision.

ICMBALI-1036 - Maternal and perinatal outcomes of planned midwife-led birth center births and home births for low-risk pregnancies in Japan

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2 *St. Luke's International University, Women's Health & Midwifery, Tokyo, Japan*

BACKGROUND

In Japan, low-risk pregnant women can choose to give birth in obstetric units in hospitals, in-hospital midwifery units, midwife-led birth centers, and at home. According to the demographic statistics of 2017, the number of births according to the place of birth is 0.6 % in midwife-led birth centers, and 0.1 % at home. The safety of planned midwife-led birth centers and at home births remains controversial issue.

OBJECTIVES

The aim of this study is to look into outcomes in planned midwife-led birth center births and home births, specifically such outcomes as maternal mortality, caesarean section rate, stillbirth after the start of care in labor, early neonatal death, neonatal encephalopathy, meconium aspiration syndrome, brachial plexus injury, fractured humerus, and fractured clavicle.

METHODS

This study is a retrospective cohort study from 21 birth centers. The participants were women who had planned to give birth at midwife-led birth centers or at home at the onset of labor, and the target period was between November 2013 to October 2018. This study was approved by an ethical committee.

RESULTS

This study included 2,605 participants with planned midwife-led birth center and 324 participants with planned at-home. Events of maternal mortality, stillbirth after the start of care in labor, early neonatal death, meconium aspiration syndrome, brachial plexus injury, fractured humerus, and fractured clavicle did not occur in both setting births. In case of transfer before delivery, 2 neonates born in the hospital became meconium aspiration syndrome. The number of caesarean sections was 40 (5.6 %) with nulliparous and 2(0.1 %) with multiparous in planned midwife-led birth center, 2 (8 %) with nulliparous and 1 (0.3 %) with multiparous in planned at-home. The number of neonatal encephalopathy was 1 (0.05 %) with multiparous in planned midwife-led birth center.

CONCLUSIONS

The incidence of adverse perinatal outcome was low in both setting.

KEY MESSAGE

We will compare with perinatal outcomes by birth setting.

ICMBALI-0458 - Analysis of factors that contribute to infant mortality in Bogor district: content analysis

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BACKGROUND

Infant mortality in Bogor Regency is still high. The government has made various efforts through the placement of village midwives, fostering poned and ponek, and the Gold program to reduce infant mortality. However, the efforts that have been made have not shown optimal results in reducing infant mortality. Identification of infant mortality is the first step in assessing the causes of infant mortality. Babies may die at home, on trips or in health facilities, they die before, after childbirth even at the beginning of pregnancy. Thus to get a true picture of the causes of infant mortality, please know the full story of the baby who died.

OBJECTIVES

Research Objectives Exploring the determinants of the causes of infant mortality then Making a mapping of infant mortality and exploring the determinants of the causes of infant mortality.

METHODS

The research design uses sequential mixed method *The first phase of this study was data analyzing on 100 case. The next step was conducting in-depth interviews to 10 community midwives, followed by Focus Group Discussion witch participated by 15 important persons, i.e. Head of Bogor District Health Bureau, Head of the Community Health Centers, Head of District Midwives Organization and Chief of EMAS (Expanding Maternal and Neonatal Survival) Program.*

RESULTS

The principle of this study shows that the factors that play a role in infant mortality are poor labor history, family inability to detect emergency infant care, congenital abnormalities, family delays in decision-making to seeking health assistance, inadequate referral system, management of infants with emergencies, inadequate referral facilities.

CONCLUSIONS

Infant mortality is caused by multifactors so it requires an effort to reduce infant mortality through cross-sector collaboration. Both in improving health services and community strengtening.

KEY MESSAGE

Infant mortality, contributing factors, efforts to reduce infant mortality.

ICMBALI-2067 - National stocktake of cultural competence in public maternity care for Aboriginal and Torres Strait Islander women

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3 *Menzies School of Health Research, Menzies School of Health Research, Darwin, Australia*

BACKGROUND

Reducing the health inequalities experienced by Aboriginal and Torres Strait Islander women and babies compared to non-Indigenous Australians is essential to the Council of Australian Governments (COAG) closing the gap strategy (2011).

OBJECTIVES

This research aimed to assess the progress of Australian publicly funded maternity services in achieving the goal of culturally competent maternity care through measuring the degree to which these services have incorporated identified characteristics into the fabric of their organisation.

METHODS

The exploratory research involved maternity services self-assessing organisational cultural competency against characteristics identified through previous research. Results from online surveys completed by anonymous respondents nominated by consenting organisations were aggregated by the researchers to represent a national stocktake of organisational cultural competence. Ethical approvals were received via the National Ethics Application Form and the Northern Territory, Western Australia, and Tasmanian Human Research Ethics Committee. As the research involved Aboriginal people, the Aboriginal and Torres Strait Islander sub committees of relevant jurisdictions were also obtained.

RESULTS

Descriptive statistics will be presented as frequencies from the survey that includes information about demographics, characteristics of cultural competence, along with a thematic analysis of textual data. Inferential statistics will be presented as correlations and associations to assess the interaction between demographics and characteristics. Factor analysis will demonstrate appropriate construction of the survey developed for this research project and future use for organisations.

CONCLUSIONS

This research has provided an Australian national profile of public maternity services' self assessed levels of achievement of identified characteristics of organisational cultural competence for Aboriginal and Torres Strait Islander women.

KEY MESSAGE

This survey will become a benchmark for performance and provide a validated tool to guide both national and local activity to improve the maternity experiences of Aboriginal women.

ICMBALI-0902 - Japanese nursing students' recognition and preventive behavior for cervical cancer

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BACKGROUND

In Japan, the cervical cancer vaccination rate dropped dramatically to below 1 % among girls born after the fiscal year 2000 due to the discontinuation of the recommendation, even though over 70 % of girls born between fiscal year 1994 to 1999 had received it.

OBJECTIVES

To identify Japanese nursing students' *recognition* of and preventive behavior for cervical cancer and utilize this information to carry out health promotion activities.

METHODS

We carried out an anonymous self-administered survey with ethical considerations. The participants comprised 359 students enrolled in nursing schools in 2015. Based on the valid responses received, data of 248 current female students were included in the analysis.

RESULTS

There were 138 (55.6 %) students who received a cervical cancer vaccine. The most common reason for vaccination was that 95 (68.8 %) were "because my parents had recommended it" and then 52 (37.7 %) were "because school had recommended it". There were 110 (44.4 %) students who did not receive cervical cancer vaccine. The most common reason for non-vaccination was that 48 (43.6 %) were "because there are side effects". The percentage of "I agree" who answered for the survey "I am afraid of cervical cancer", there was no difference of presence or absence of vaccination between both 97.1 % vaccinated students and 97.3 % unvaccinated students ($p = .936$). The percentage of "I agree" who answered for the survey "I am afraid of the side effects", 63.8 % of vaccinated students were significantly lower than unvaccinated students (86.4 %) ($p < .001$).

CONCLUSIONS

It is expected that the vaccination rate will be improved by enlightening the efficacy and safety of vaccination for adolescent women and their parents and educational institutions.

KEY MESSAGE

It is expected that the vaccination rate will be improved by enlightening the efficacy and safety of vaccination for adolescent women and their parents and educational institutions.

ICMBALI-1146 - A comparison between the physical and psychological conditions of Japanese primiparas and multiparas at 4 months postpartum

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3 *Luna Blue Yoga, Director, Nagasaki, Japan*
4 *Kobe City College of Nursing, Nursing, Kobe, Japan*

BACKGROUND

Several studies have reported that postpartum women experience severe physical and psychological stress, and their health may be affected by such stress. However, few studies have investigated both the physical and psychological health of women.

OBJECTIVES

This study elucidates the physical and psychological conditions of Japanese women 4 months postpartum and compares complaint rates between primiparas and multiparas.

METHODS

A questionnaire assessing background information and 21 physical and psychological symptoms, such as back pain and irritation, was distributed to mothers at a periodic check-up at postpartum month 4 in 2010. Differences in the proportion of physical and psychological symptoms between primiparas and multiparas were examined through a chi-square analysis.

RESULTS

A total of 1691 women (763 primiparas and 866 multiparas) answered the questionnaire (collection rate: 66.1 %). The mean age of respondents was 30.6 years for primiparas and 32.6 years for multiparas. The mean number of days they devoted themselves to child-raising were 37.1 in primiparas and 15.7 in multiparas. A common symptom between primiparas and multiparas was shoulder stiffness, reported by 58.3 % of primiparas and 56 % of multiparas. Compared to the primipara group, a significantly higher proportion of respondents in the multipara group indicated the following symptoms: headache,fatigue,malaise, depression, and irritation($p < 0.01$). The two groups exhibited differences in the prevalence of physical and psychological conditions. Symptoms in primiparas were primarily physical, while those in multiparas were both physical and psychological. This may be because multiparas have shorter resting periods than primiparas. Also, physical symptoms such as headaches may impact their psychological condition.It is necessary for midwives to understand the characteristics of both primiparas and multiparas to tailor their support for physical and psychological conditions.

CONCLUSIONS

It is necessary for midwives to understand the characteristics of both primiparas and multiparas to tailor their support for physical and psychological conditions.

KEY MESSAGE

Women 4 months postpartum, Physical and psychological statuses.

ICMBALI-1421 - Investigation of midwifery staff requirement states in 542 hospitals in Sichuan Province China

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BACKGROUND

Midwifery staff requirement is key point to qualified maternal services. For the increasing number of women to have second babies in China, the midwifery requirement is also on the rising states. Midwife can work in various settings as for example, home, community, free-standing and alongside midwifery-led units, hospitals including obstetric units, day assessment units, and fetal and maternal medicine services, while in China the main places of birth taking at hospitals.

OBJECTIVES

The aim of the study is to investigate the current midwifery staff status in Sichuan province for better understanding of the situation of midwifery professional development and searching for the future improvement.

METHODS

Investigation of 568 hospitals offering maternal services had been conducted, the basic information of the hospital, midwifery staff number and the turnover rate and reason for turnover in recent year been recorded and analyzed.

RESULTS

Tertiary hospital run by government is the main forces offering maternity care 64.02 % , the second is the maternal and neonate hospital run by government 29.34 %.all Level of hospitals had the obstetric -led maternal services, no midwives-led services offered. The shortage of midwifery staff are common in all level of hospitals, while the same time higher rate of midwives turned over rate existed, the midwives turned over rate is higher in temporary employed personals than those long-term employment.

CONCLUSIONS

The setting to offer maternal services are mainly top level hospital rather than basic community settings.no midwives-led services in all hospitals. The shortage of midwifery staff and higher rate of turnover is worth attention.

KEY MESSAGE

The setting offering maternal services in Sichuan province are mainly higher level of hospitals rather than community settings. Midwifery staff shortage is common while the same time higher rate of midwifery turned over occurred. The maternal system needed constructive reform and changing of the model of services to midwifery-led care.

Poster session – Regulation – Knowledge and experience

ICMBALI-0330 - Mentoring experienced midwives to become health system policy advocates

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PURPOSE

Midwives spend years becoming expert clinicians while providing healthcare that is valued by women. Eventually, all midwives retire, yet still have much to contribute. These knowledgable, experienced professionals possess unique insights that must inform healthcare system improvements. The wisdom of midwives is often lost to society, however, when they leave clinical practice.

The purpose of this presentation is to introduce a novel graduate-level education program designed for experienced midwives who aspire to contribute in local or national policy arenas.

DISCUSSION

In 2016, the Maternal Child Health Systems (MCHS) program was launched in Bastyr University's Department of Midwifery (USA). The curriculum provides a one-year online master's degree in which students complete coursework designed to apply to their home communities. Midwives learn how to contextualize their professional experiences and plan their future in influencing systems-level health policies and programs.

This presentation describes the MCHS educational program, which expands midwives' understanding of the complexities of the health system in their own communities. Students receive guidance in comprehending healthcare regulation and financing (and the social justice implications), how to properly interpret and generalize research evidence, ways to leverage professional experiences to influence women-centered policy changes, and how to become a well-regarded advocate for those whose voices are rarely heard by people in power. The MCHS program embraces nine core competencies focused on the knowledge and skills needed by systems-level change agents who value the midwifery model of care.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Midwives are a valuable but underutilized resource in the spaces where healthcare policy decisions are made. Experienced midwives who are contemplating retirement from clinical practice need additional education to envision how to use their insights to contribute to improvements in the healthcare system.

KEY MESSAGE

Expert midwives must be heard and respected, but they need mentoring to learn how to become effective advocates in health system policy arenas.

ICMBALI-2217 - Stillbirth review forum, more that a 50 % reduction in stillbirth rates

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PURPOSE

In the UK it is still noted that stillbirths occur in 1 in 200 births. The purpose of the stillbirth review forum was to review all cases of stillbirth from 22 weeks gestation to identify causative factors and themes to inform midwifery practice to try to reduce stillbirths.

DISCUSSION

The forum has been running for 3 years, since 2016 a detailed case review has taken place in a multidisciplinary forum with consultant obstetricians, senior management, risk midwife, pathology, SANDS, bereavement midwife and open for all staff to attend. In this meeting a full review of the care takes place from the first contact to the discharge from hospital looking at any direct or incidental learning. In addition all test results such as bloods, placental histology and postmortem results are reviewed to make a multidisciplinary decision on the cause of death. The aim of the forum is to provide feedback to both the family and staff.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Currently all stillbirths are reported to MBRRACE but there is not a recognised standardised review of all cases.

EVIDENCE IF RELEVANT

Nationally in the UK 1 in 200 births results in a stillbirth.

KEY MESSAGE

Since starting the review forum in 2016 we have seen more than a 50 % reduction in the number of stillbirths. The stillbirth forum has helped guide teaching and practice and also support families with their next pregnancies.

ICMBALI-2061 - Empowerment of midwives through leadership development: the indelible legacy of American midwife and philanthropist, Frances Tower Thacher, CNM, MS, FACNM

L. Paine[1]

1 *American College of Nurse-Midwives, The A.C.N.M. Foundation, Inc., Cambridge, USA*

PURPOSE

In the early 2000's, when an American midwife's clinical career ended abruptly because of overwhelming health issues, she devoted every moment thereafter to fundraising for midwifery; including a decade of support for the first-ever Midwifery Leadership Development Program, housed within the charitable arm of the American College of Nurse-Midwives. By exploring this astounding philanthropic legacy, midwives will appreciate the impact one midwife has had on midwifery leadership and empowerment.

DISCUSSION

In 2008, building on successful fundraising for the leadership development program, Frances and her husband Toby established the Frances T. Thacher Midwifery Leadership Endowment to prepare midwives as leaders and empower midwives facing challenging clinical leadership roles, while striving to improve maternal child health care worldwide. Because of Frances's ability to communicate the worldwide impact of midwives to donors who would not otherwise be interested, the endowment has funded scholarships, awards, and grants that advanced development of leadership skills for hundreds of midwives, and improved care for untold numbers of women globally.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

A few months before Frances's 2019 death from pancreatic cancer at age 65, a sizable gift was made to honor her selfless support for midwifery, and to spearhead endeavors to actualize her vision to 'empower midwives one at a time, each to their maximum potential'. Frances's ability to inspire donors by sharing her personal story continued long after her death, especially tales about her observation of childbirth in Africa as a teenager and development of a 'Cadillac' midwifery care model for NYC's most disenfranchised women. Sharing one midwife's story guarantees that funding will flow to innumerable midwifery practice, education and policy advances around the globe, well into the future.

EVIDENCE IF RELEVANT

The Hattie Hemschemeyer Award 2017: Frances Tower Thacher. 05 October 2017. https://doi.org/10.1111/jmwh.12697.

KEY MESSAGE

Midwifery leadership and empowerment can be advanced around the globe by leveraging charitable resources.

ICMBALI-0955 - Effectiveness of respectful maternity care policies: case of JICA's humanized maternity care initiative

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2 *JICA, Human Development, Tokyo, Japan*

PURPOSE

Global agenda on maternal and child health have shifted from a focused on reducing maternal mortality to ensure thriving with full potential of women and their baby for health. In 2018, WHO published new guideline to enhance respectful maternity care (RMC). RMC is the fundamental human rights and important strategy to promote quality of health services. However, there remains gap between global strategy and local implementation. The purpose of this study is to review midwifery projects supported by Japan International Cooperation Agency (JICA) and describe the common results among 11 countries.

DISCUSSION

JICA launched a pioneering project in Brazil by establishing participatory trainings to promote humanized maternity care for skilled birth attendants (SBAs) in 1996. This initiative was expanded to apply contextually in 11 countries. RMC intervention includes trainings to address adverse attitudes and behaviors of SBAs, trainings on evidence based practice and environmental improvement etc. After the interventions, there found three common results. Firstly, behavioral change was indicated through WHO previous practical guide. The frequency of evidence-based recommended maternity cares (respecting women's choice of companion etc) were increased and the frequency of evidence-based not recommended cares (routine episiotomy etc) were decreased between before-and-after project implementation. Secondly, attitude and value changes among health professionals were seen in qualitative data. Thirdly, RMC influenced women's positive birth experiences. This study shared the effectiveness of RMC policy by JICA. Some suggested that Japanese midwives were the leading actors for successful achievement of the projects.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Midwifery care is the simple technology which have advantage on easy application to low resource countries.

EVIDENCE IF RELEVANT

WHO recommendations Intrapartum care for a positive childbirth experience.

KEY MESSAGE

The RMC initiatives by Japan's bilateral cooperation will contribute to effective implementation midwifery policy in this growing area.

ICMBALI-1208 - Web mapping to build policy advocacy capacity for midwives associations: a collaboration between the international confederation of midwives and direct relief

J. White[1]

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PURPOSE

To advocate effectively for productive change in the policy environments of their countries, midwives associations need access to high-quality data, analytics, and data visualization tools. The ICM Global Midwives Associations Map (https://www.internationalmidwives.org/icm-publications/map.html) is a collaborative effort between Direct Relief and the International Confederation of Midwives to make web mapping and data visualization tools accessible to midwives associations worldwide.

DISCUSSION

Integration of web mapping into policy advocacy is a technical innovation which allows midwives associations to tell data-driven stories about health system needs, key health indicators, and the policy dynamics which drive improvement in maternal and newborn health outcomes, as well as to distribute those stories to policy stakeholders in compelling visual forms.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

The map shows the location of midwives associations relative to a collection of over 130 indicators on midwifery regulation, education, association, and leadership, from a survey of association members. Those same indicators drive contextual maps which highlight relevant national and regional trends, which can be used to explain health needs and advocate for change.

EVIDENCE IF RELEVANT

The data indicators are focused on midwifery regulation, education, association, and leadership, and were collected from surveying the midwives associations, as well as doing research.

KEY MESSAGE

The data driving the ICM Global Midwives Associations Map is hosted in an open data portal to enable exporting data in multiple formats for integration into customized analysis. Likewise, story mapping tools build in rich media content like photos and video (https://arcg.is/1Dna5f) to humanize data and explain the work of midwives associations for broad audiences, expanding knowledge and support for their work.

International Confederation *of* Midwives

Strengthening Midwifery Globally